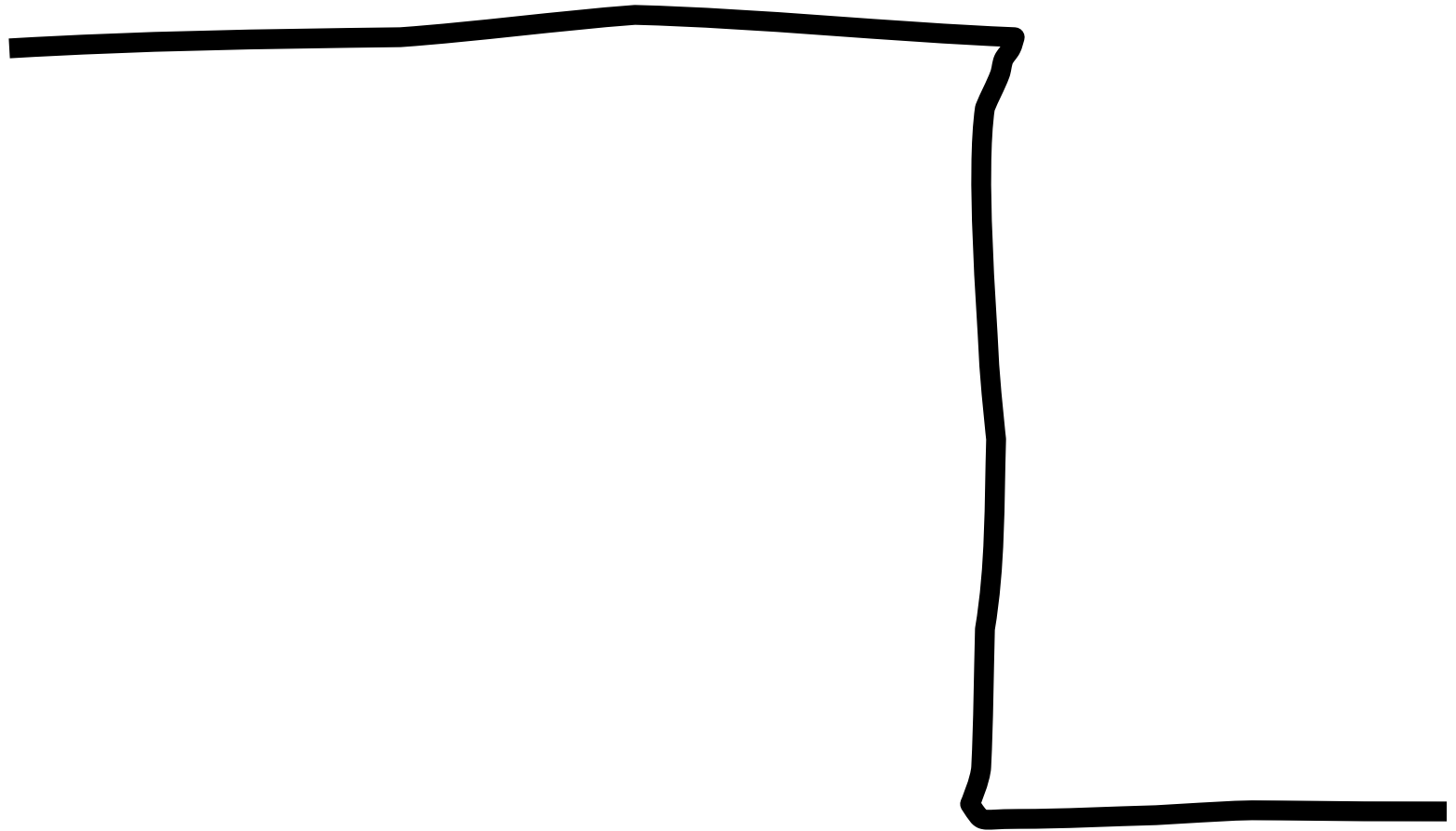


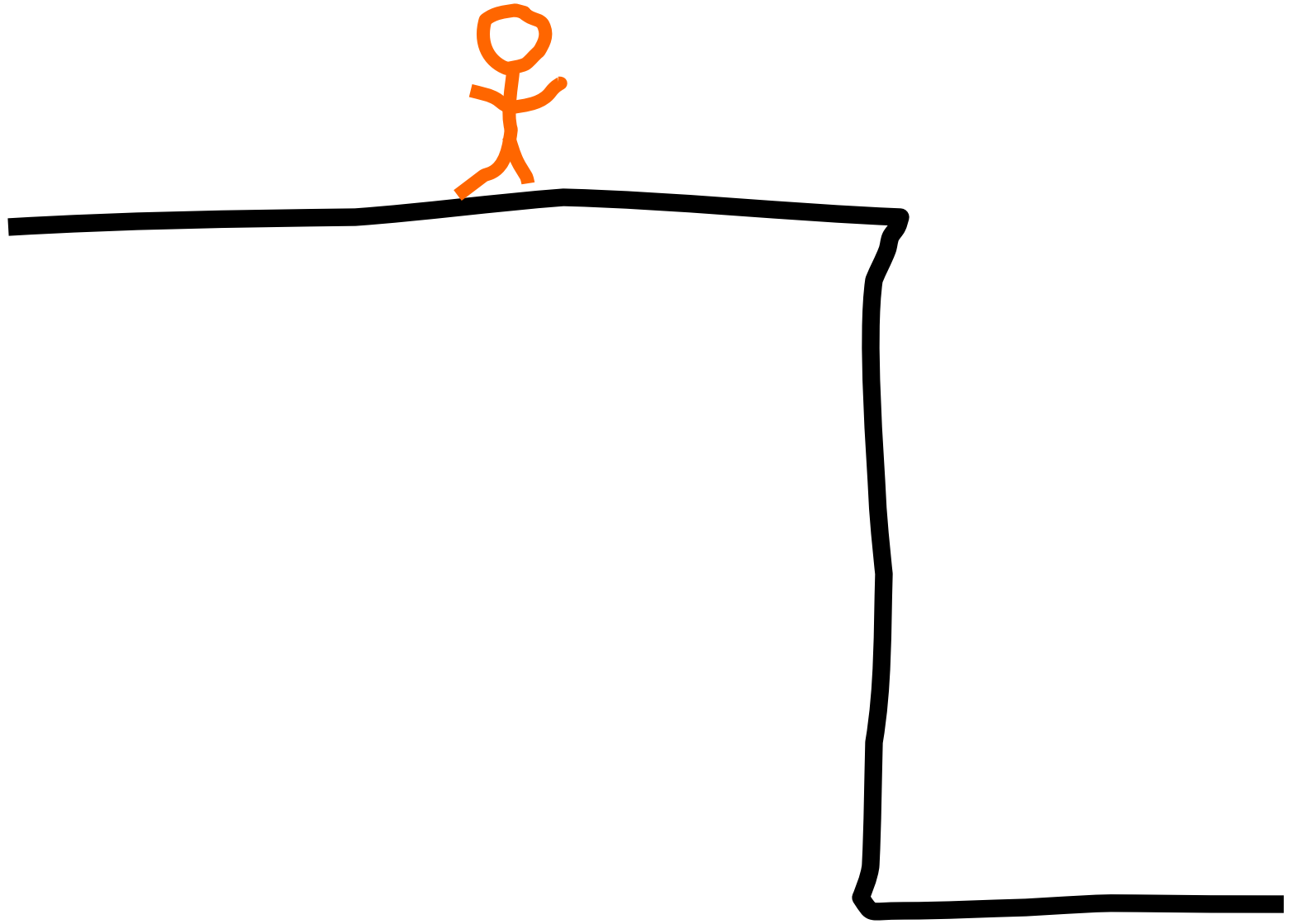


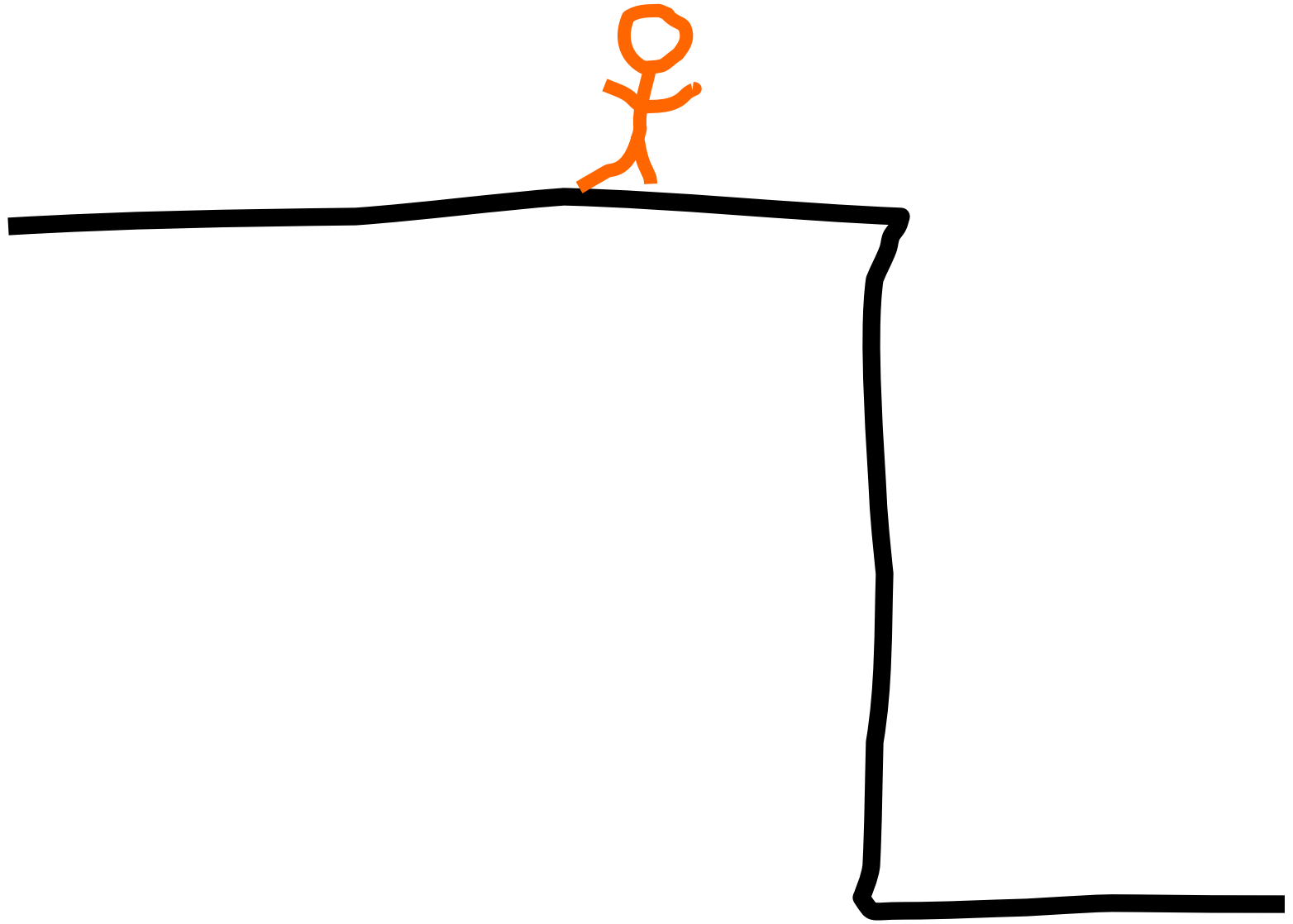
Social Determinants of Health and Equity

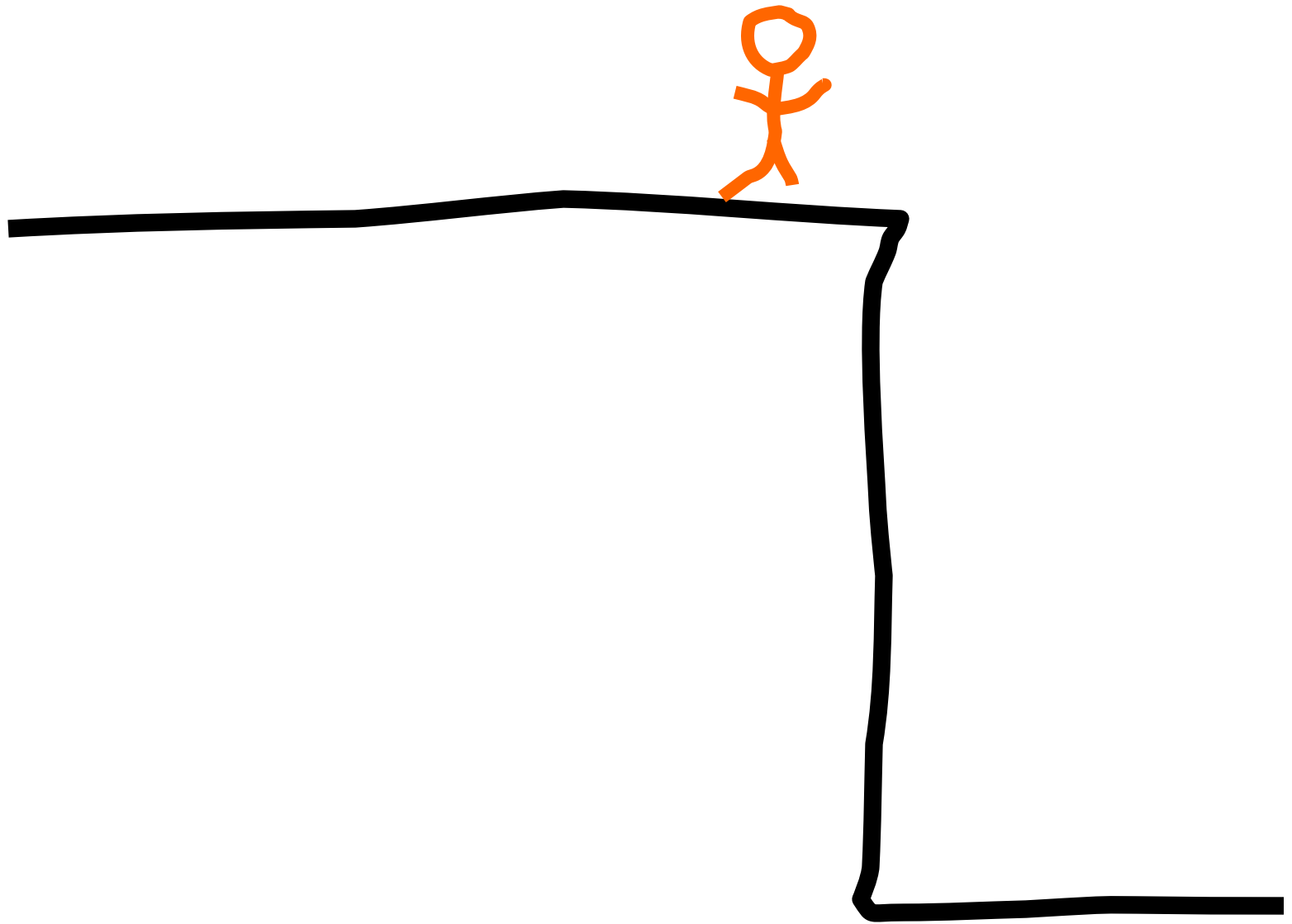
The Impacts of Racism on Health

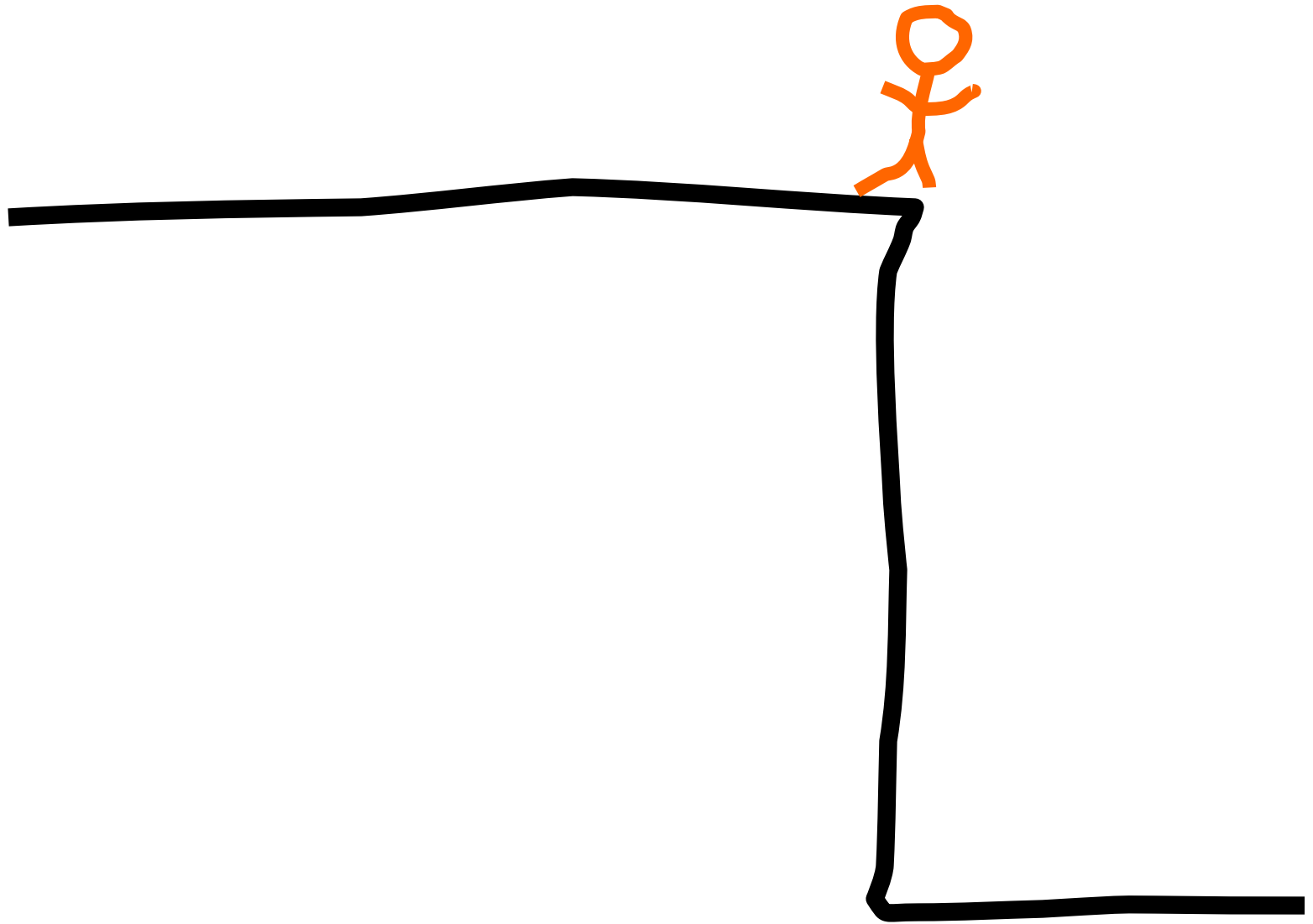
Levels of health intervention

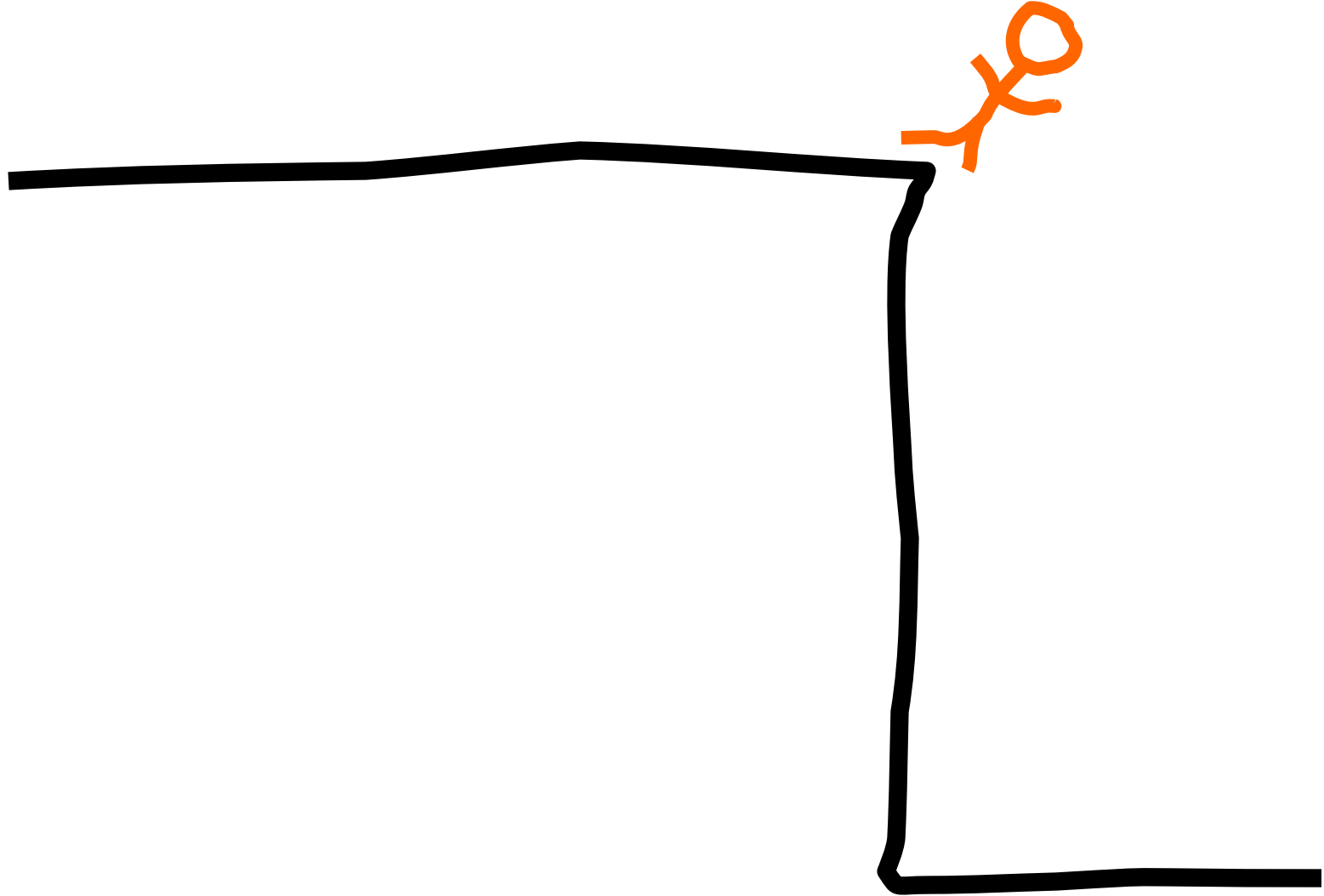


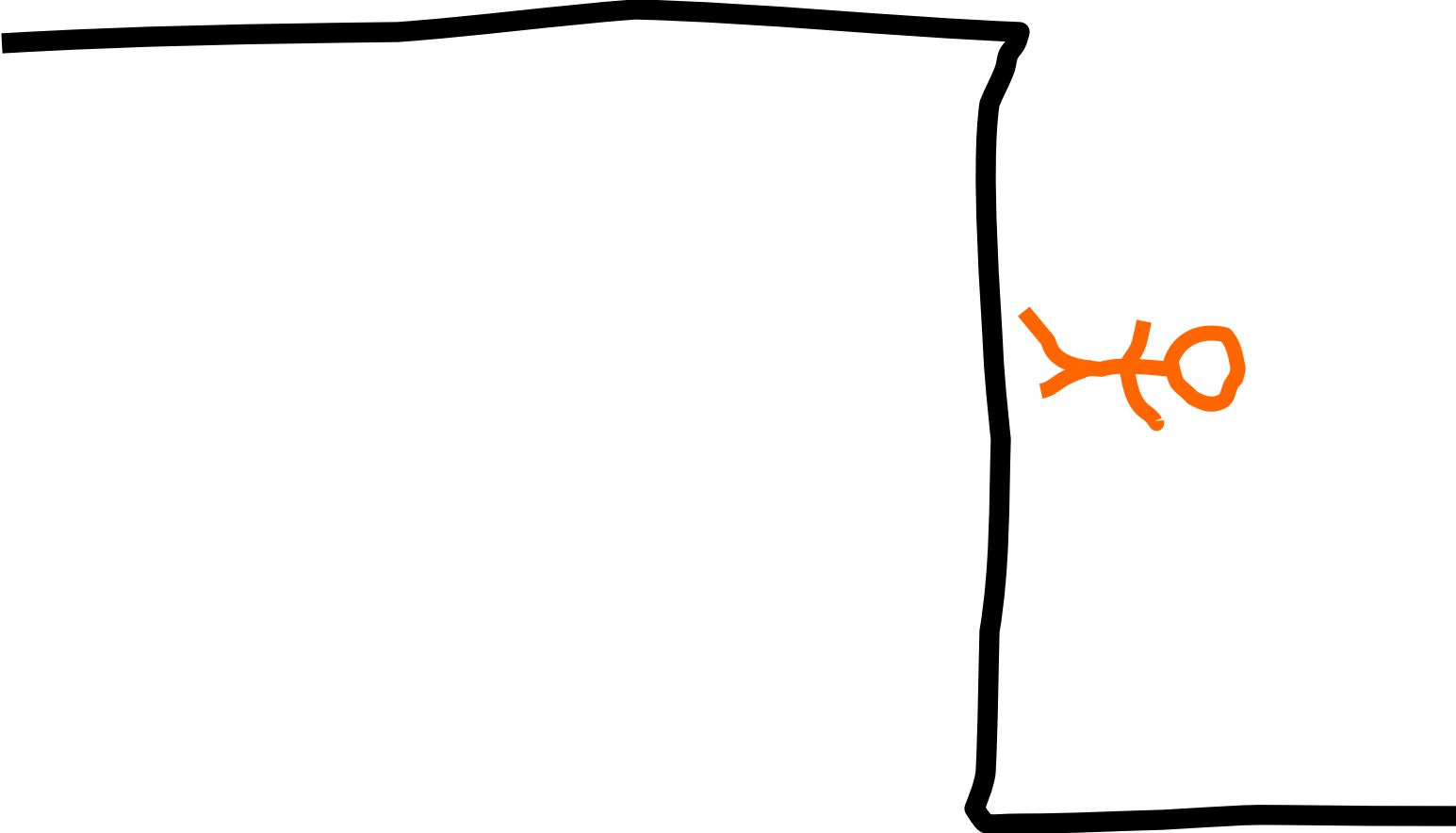


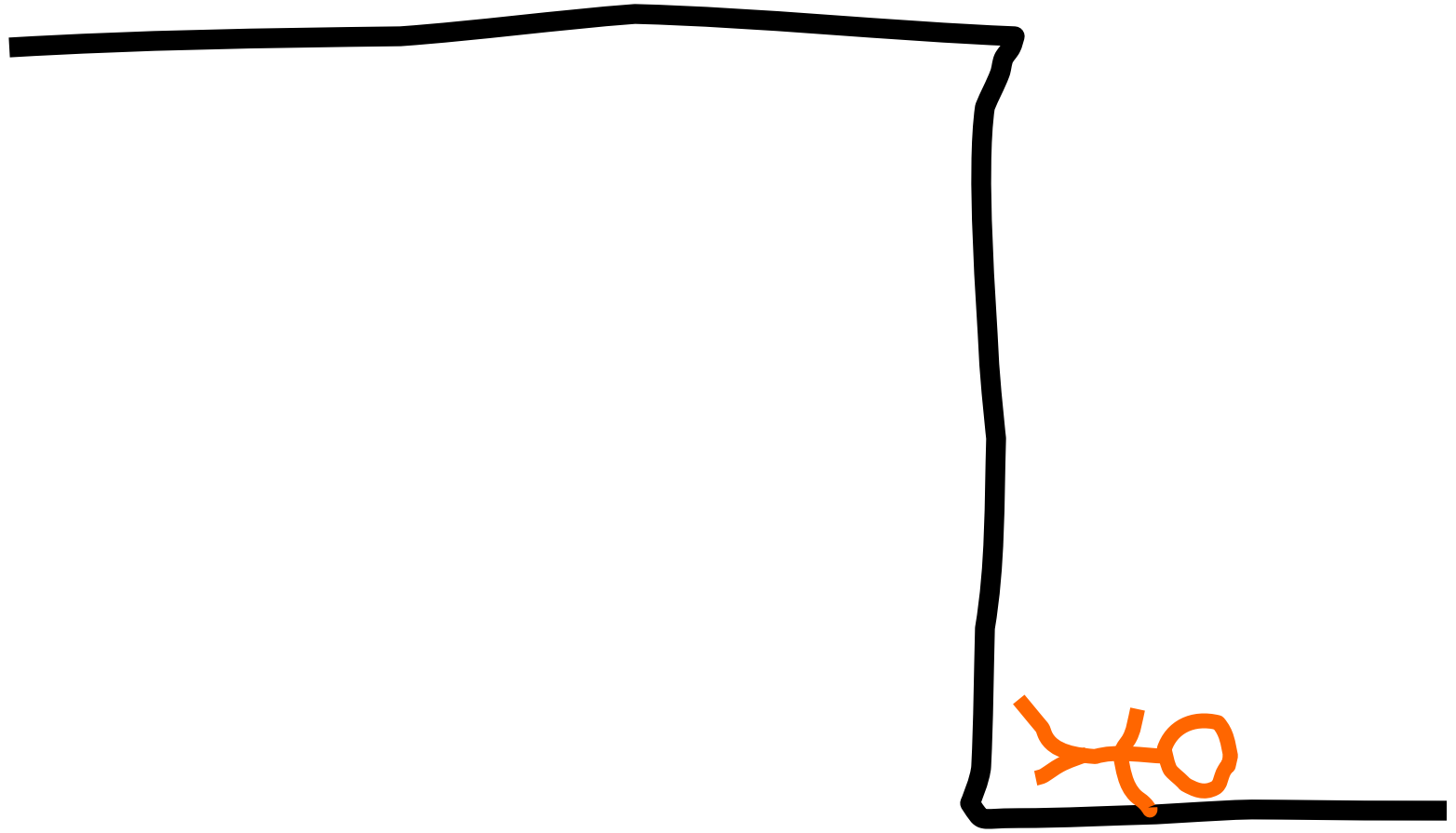


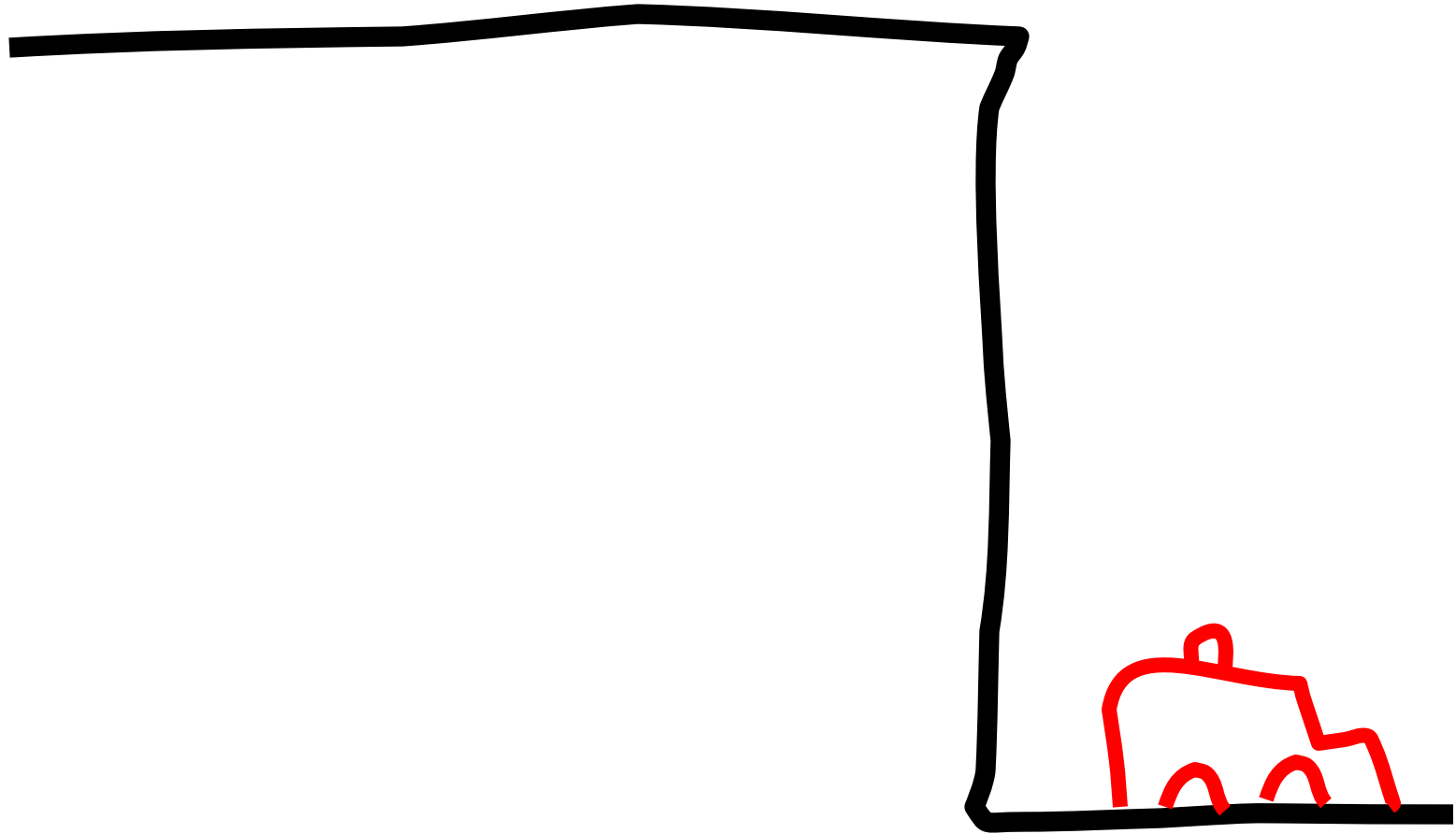


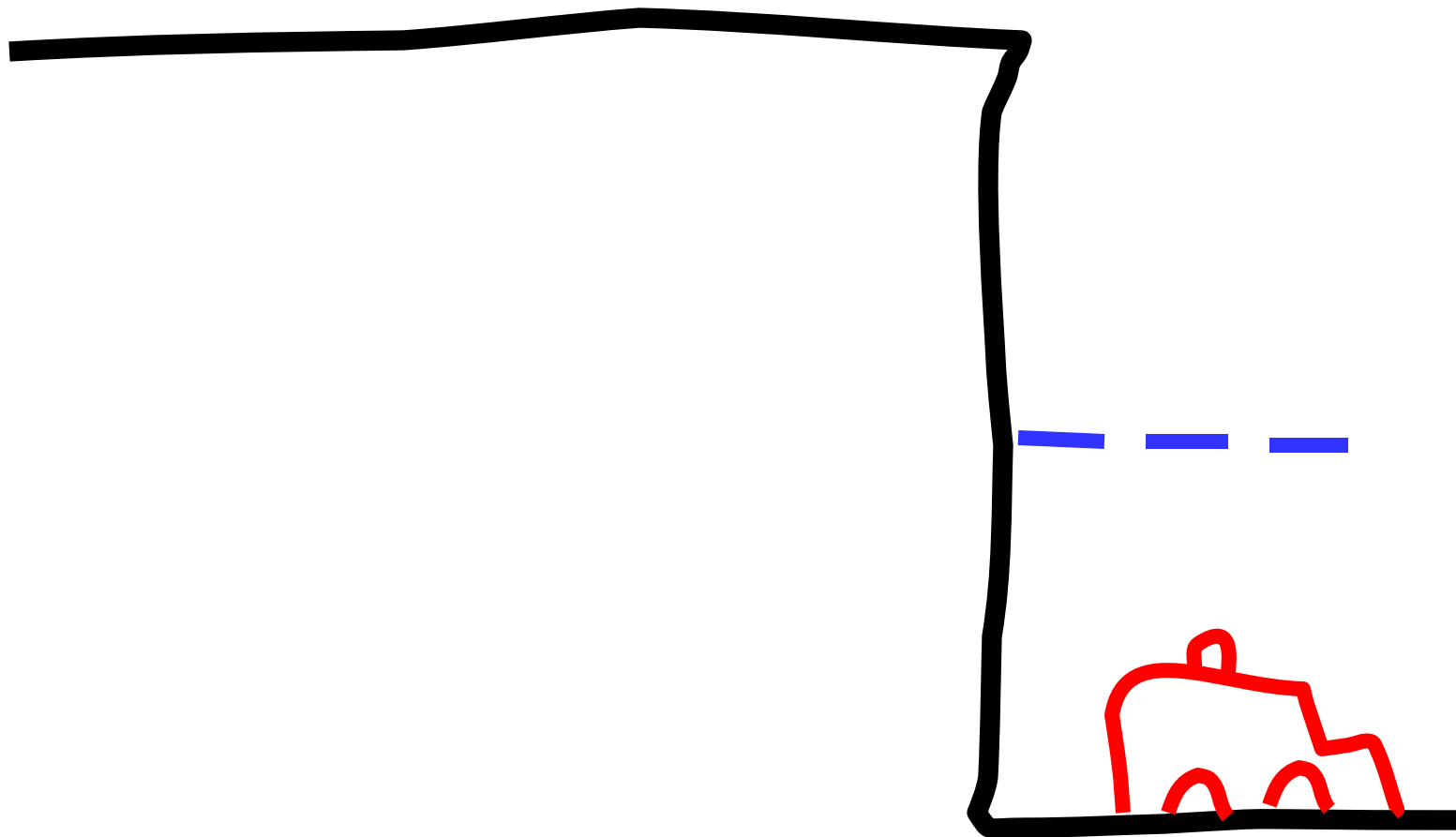


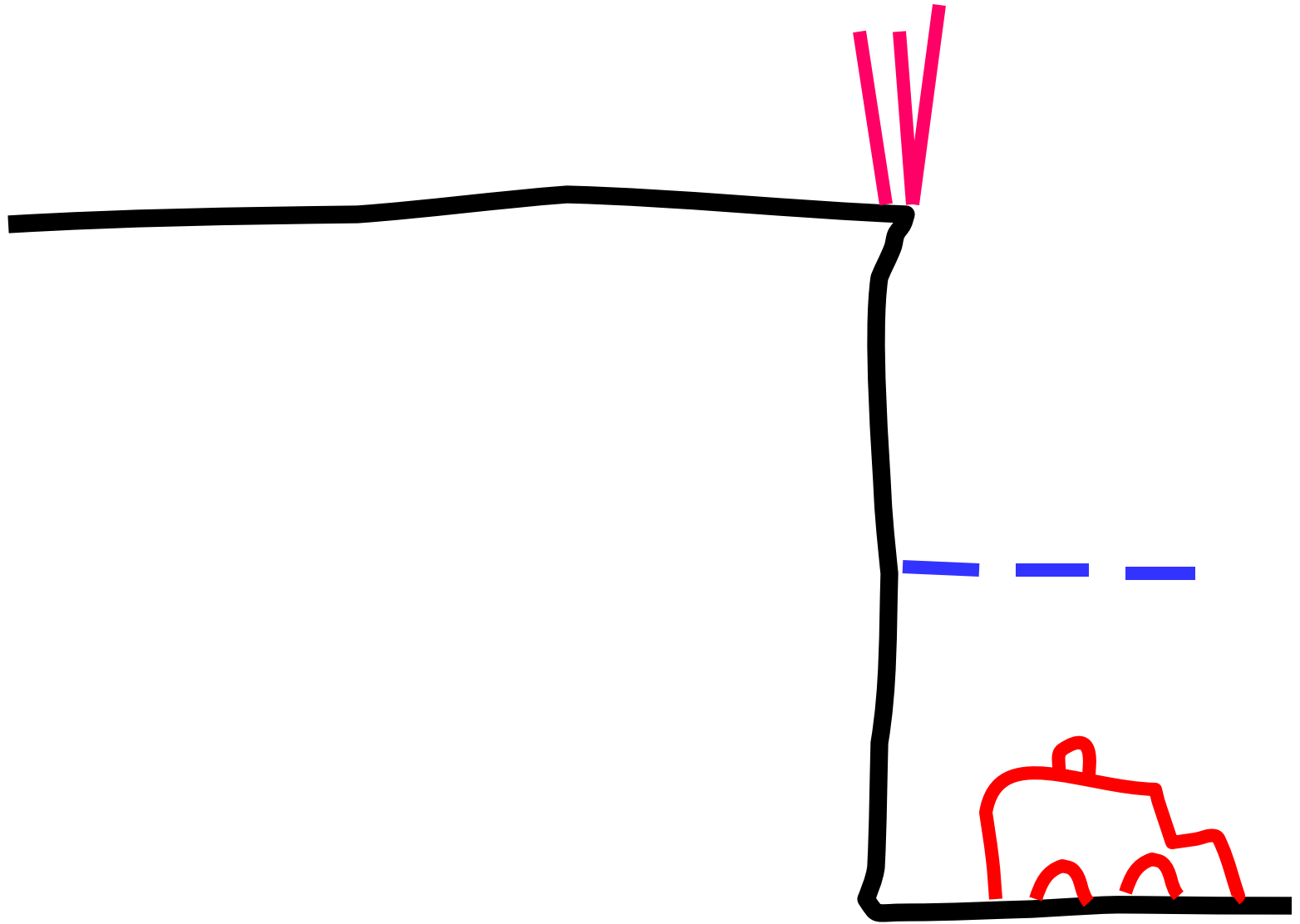


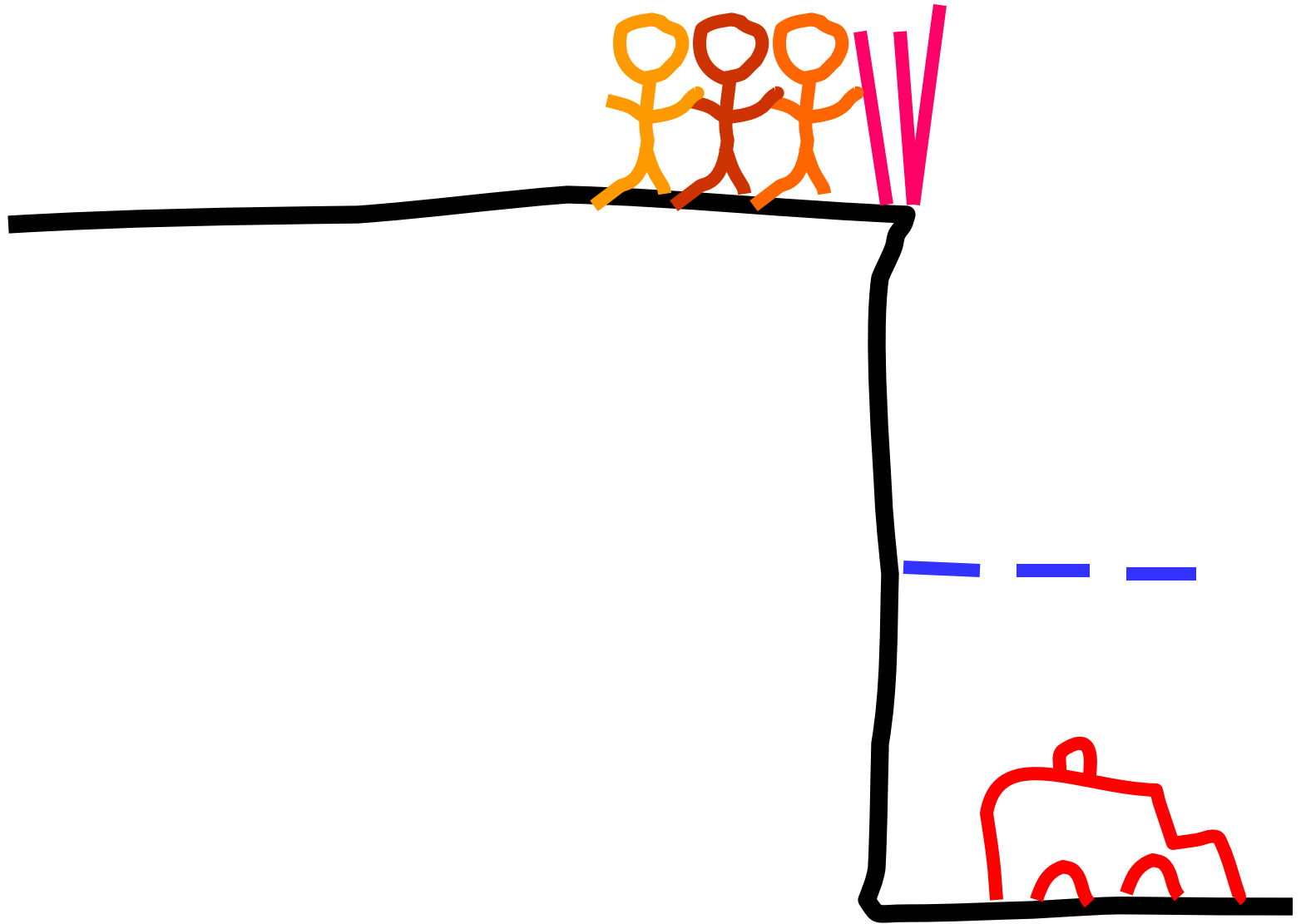


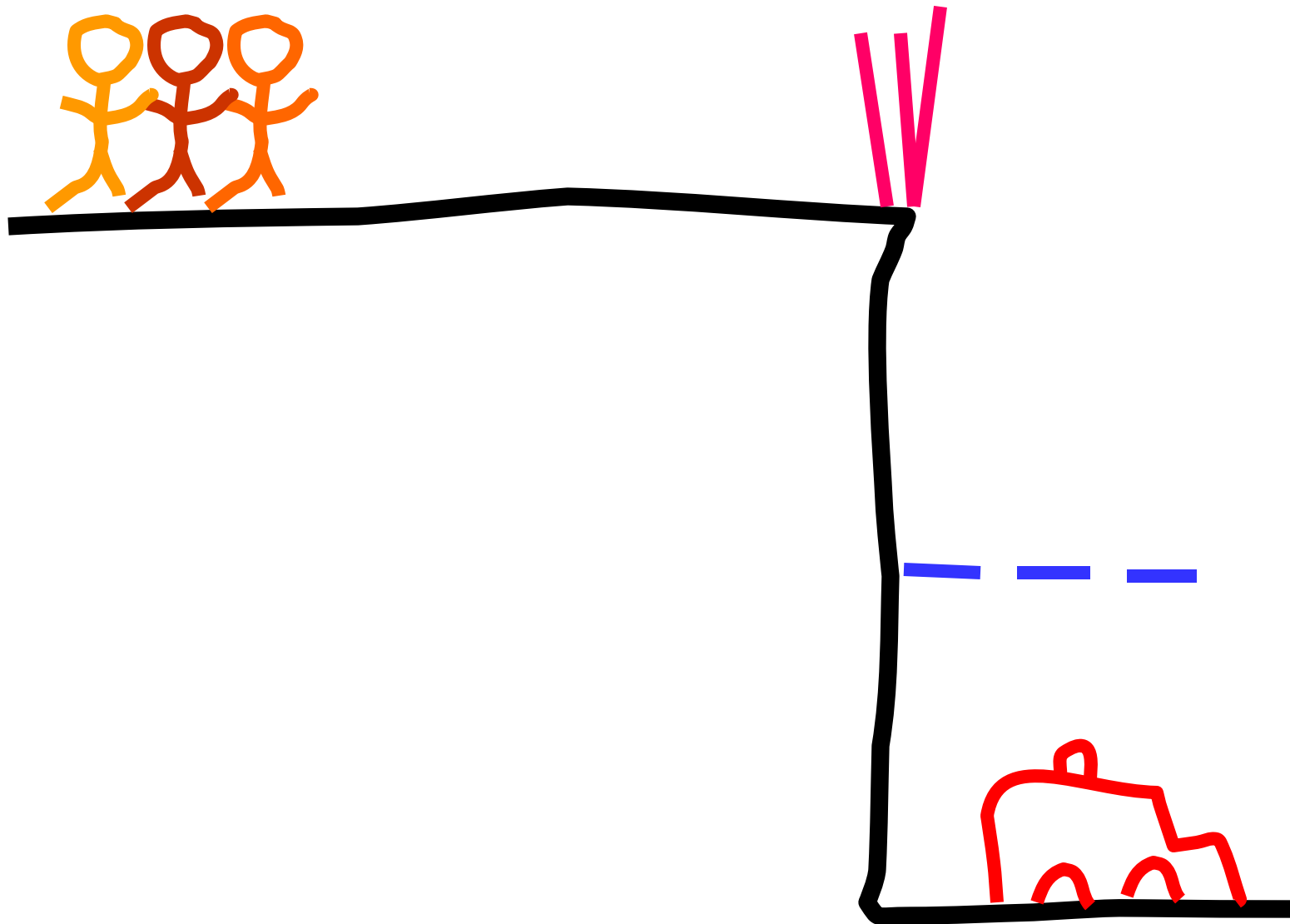


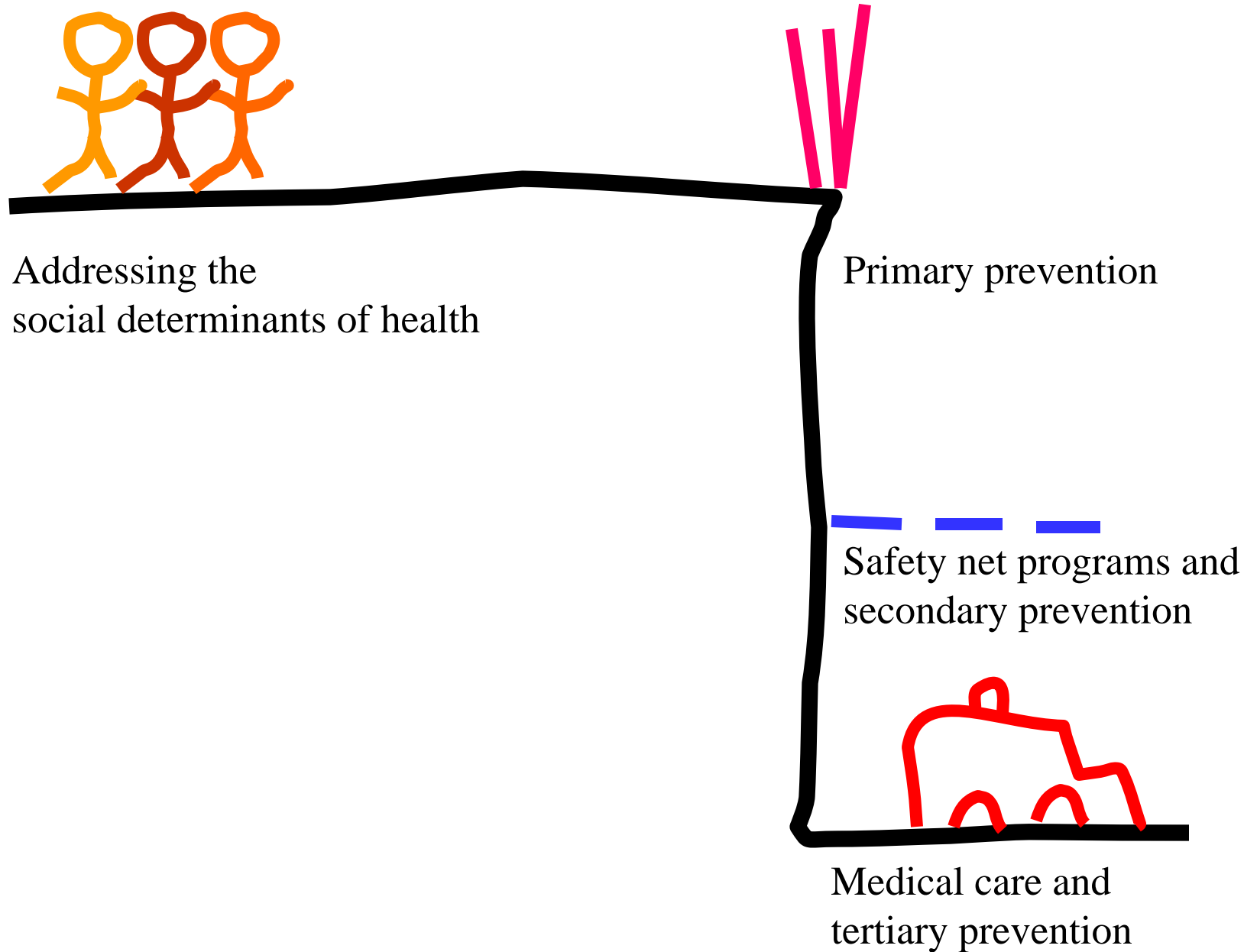












Addressing the social determinants of health

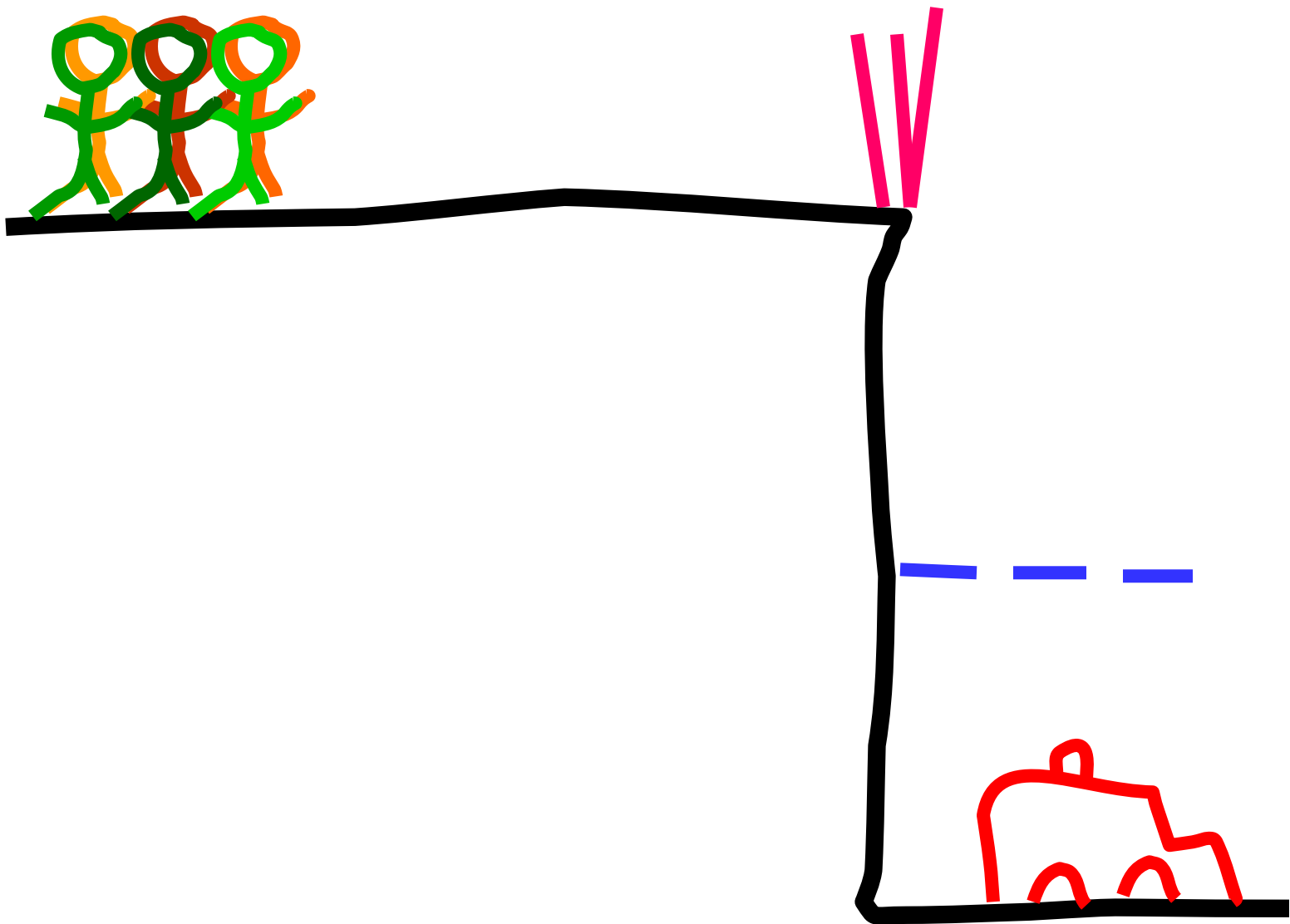
Primary prevention

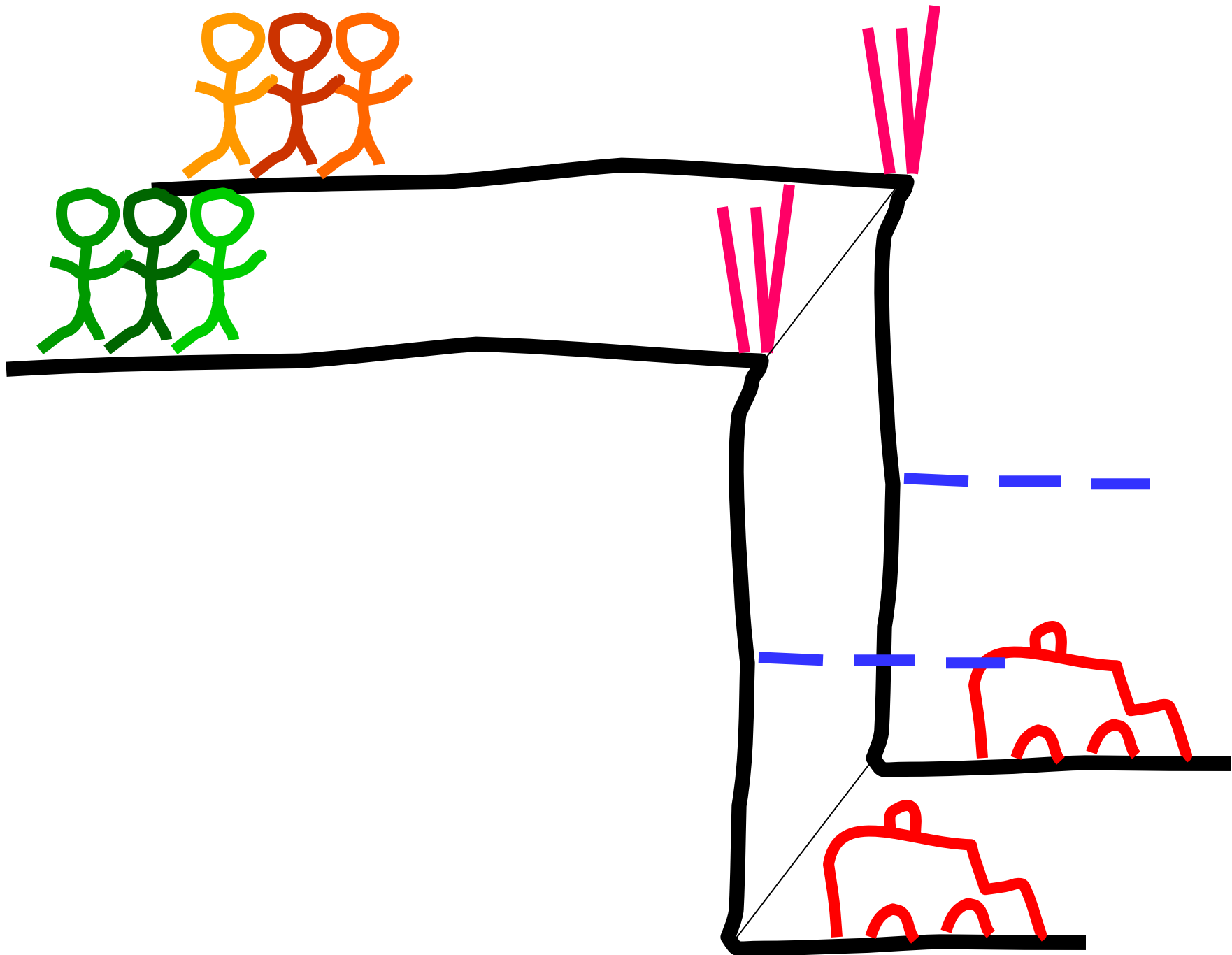
Safety net programs and secondary prevention

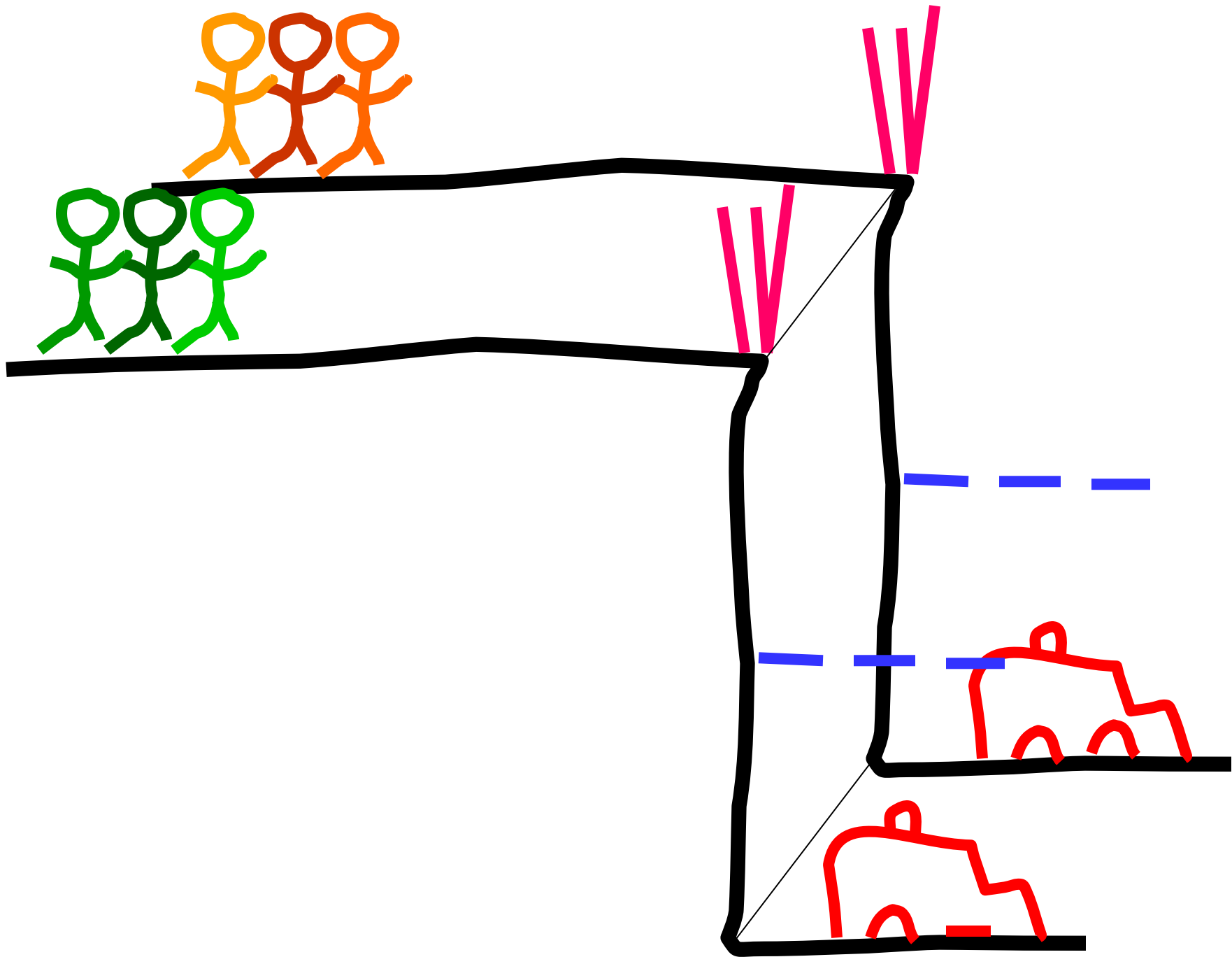
Medical care and tertiary prevention

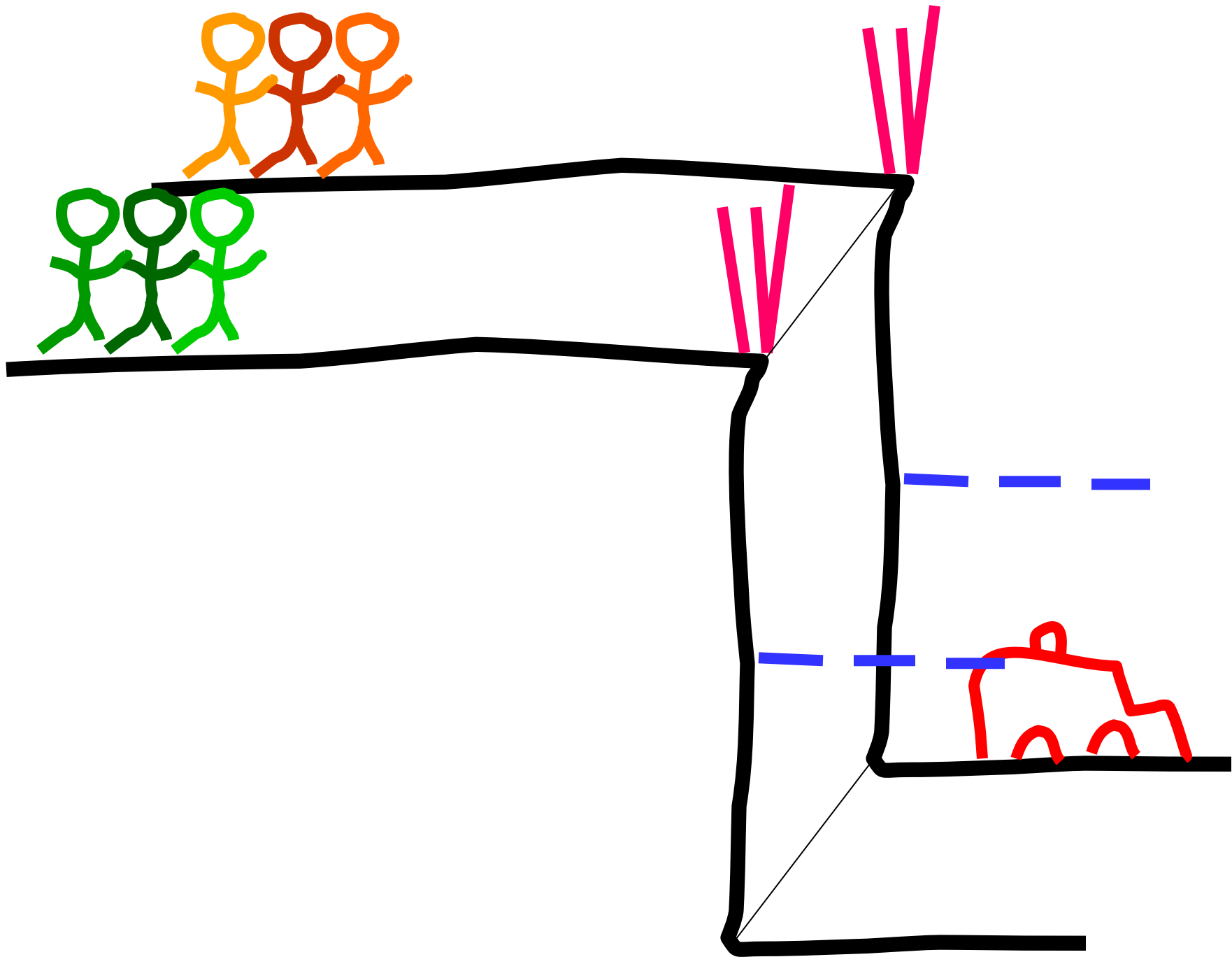
But how do disparities arise?

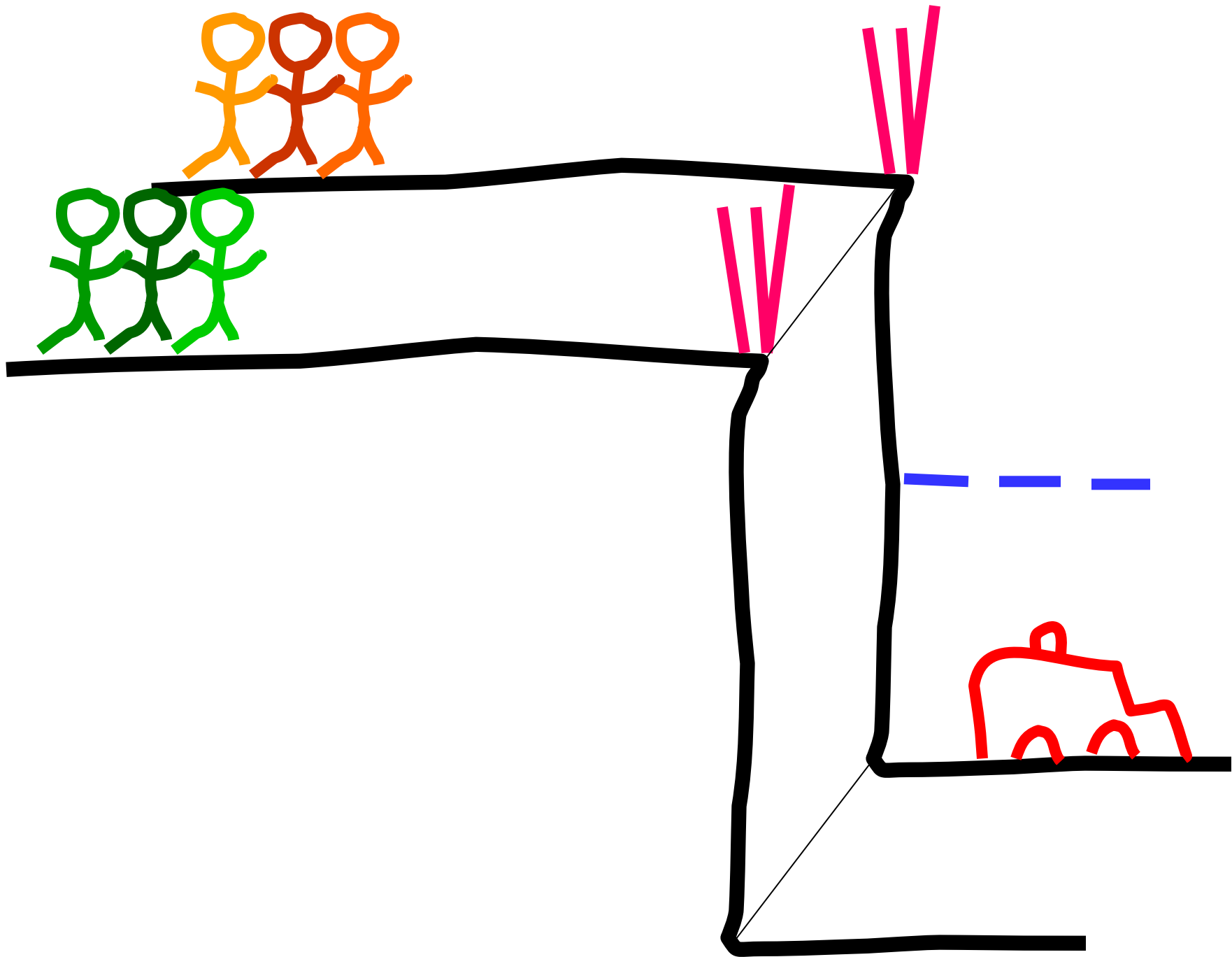
- Differences in the quality of care received within the health care system
- Differences in access to health care, including preventive and curative services
- Differences in life opportunities, exposures, and stresses that result in differences in underlying health status

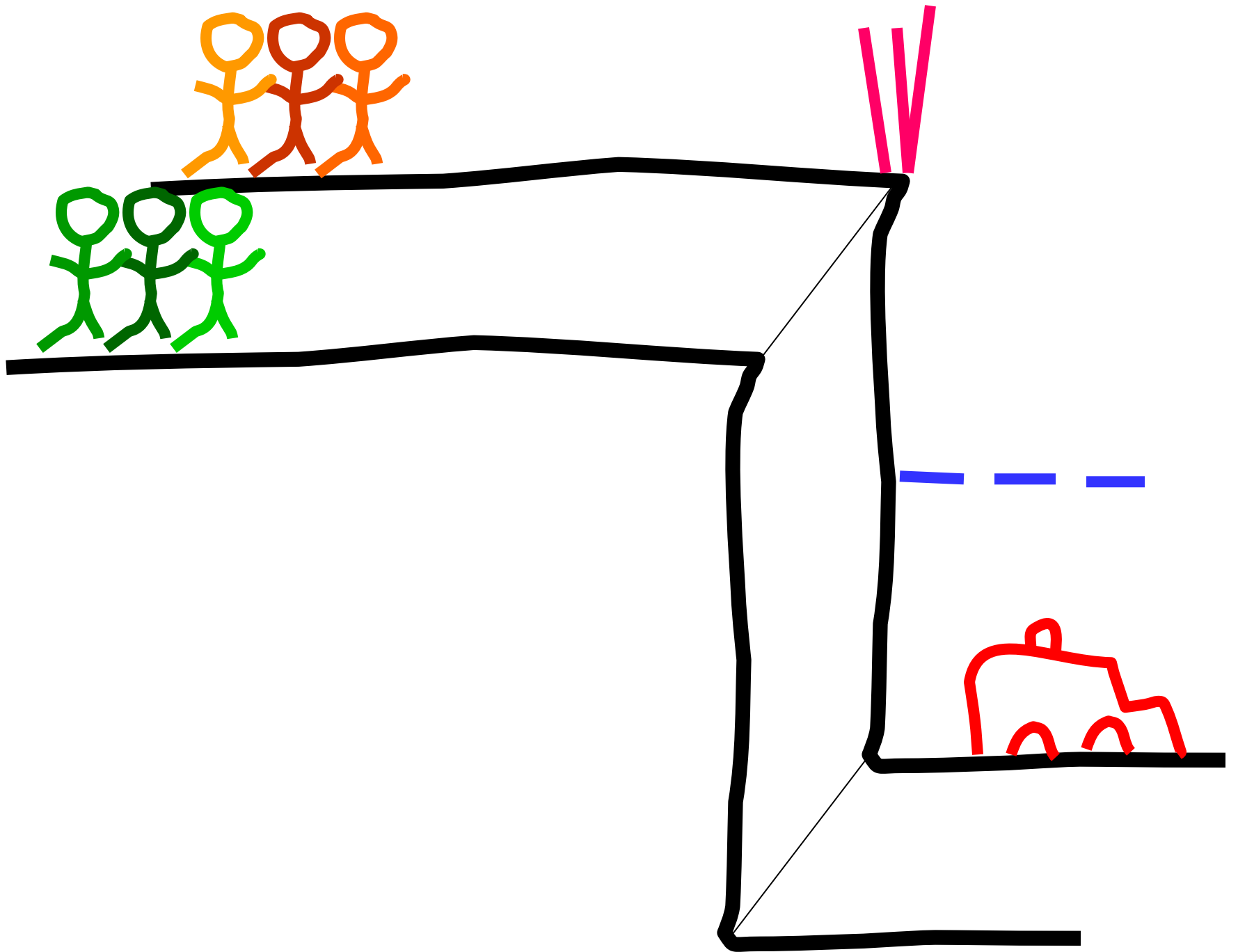


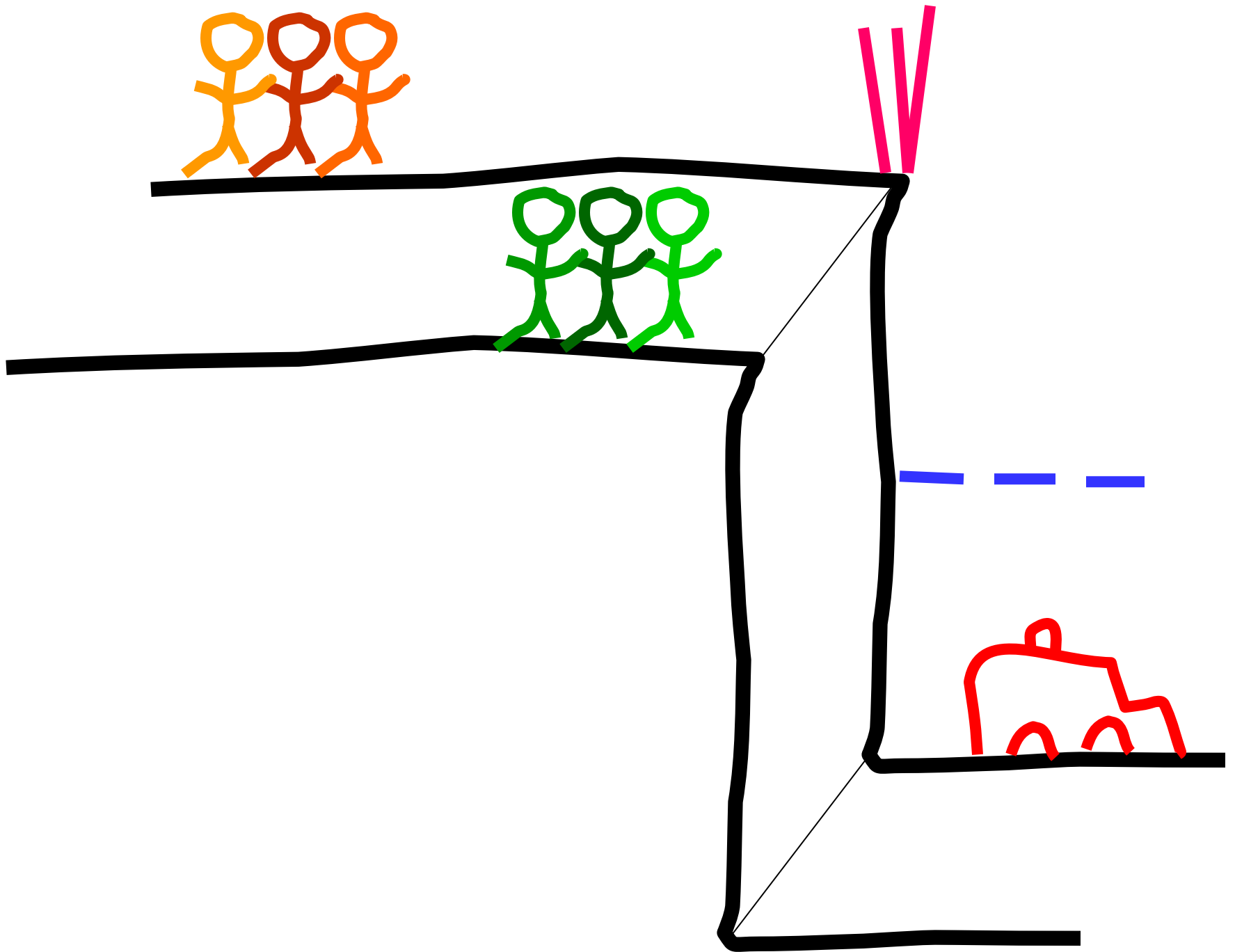


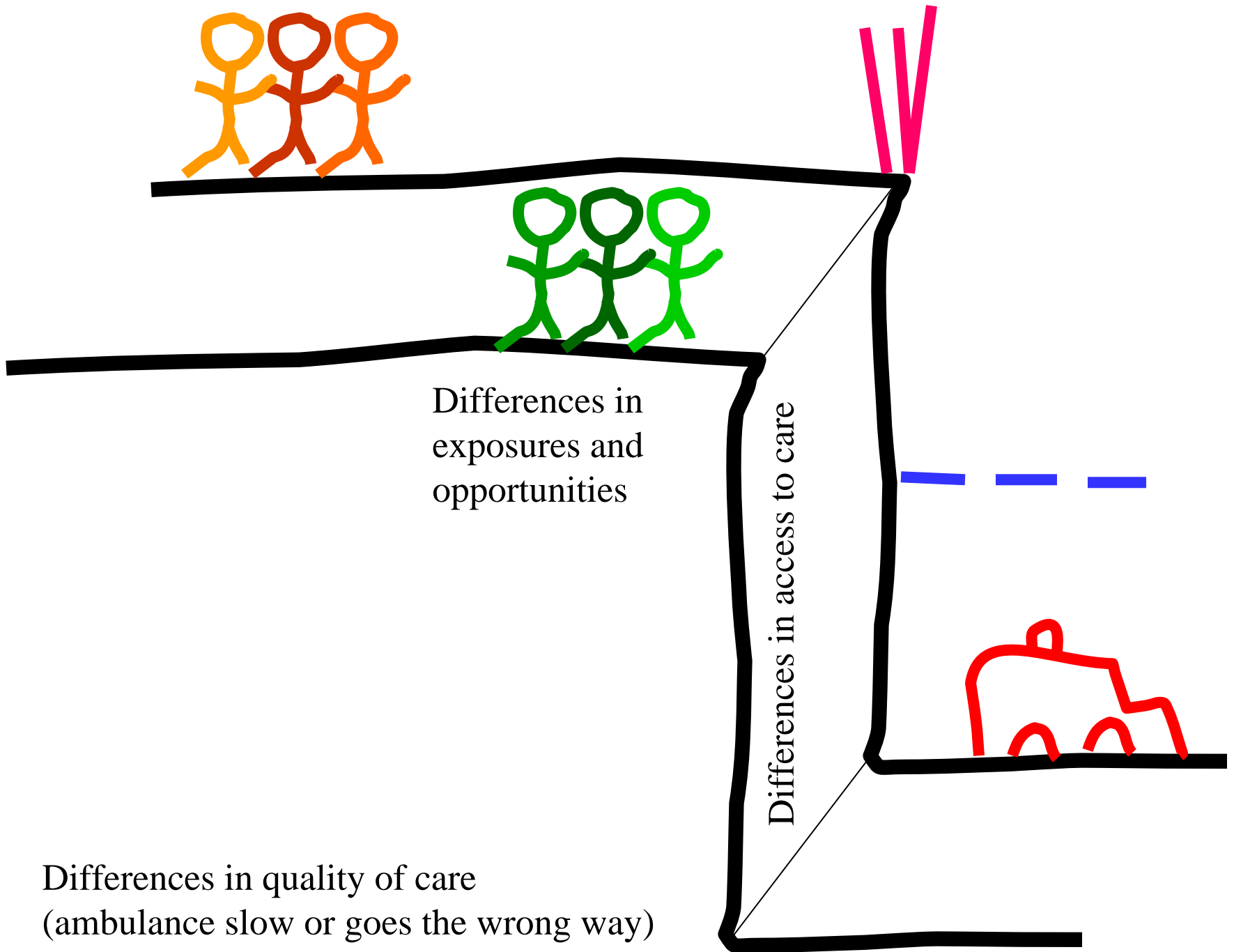


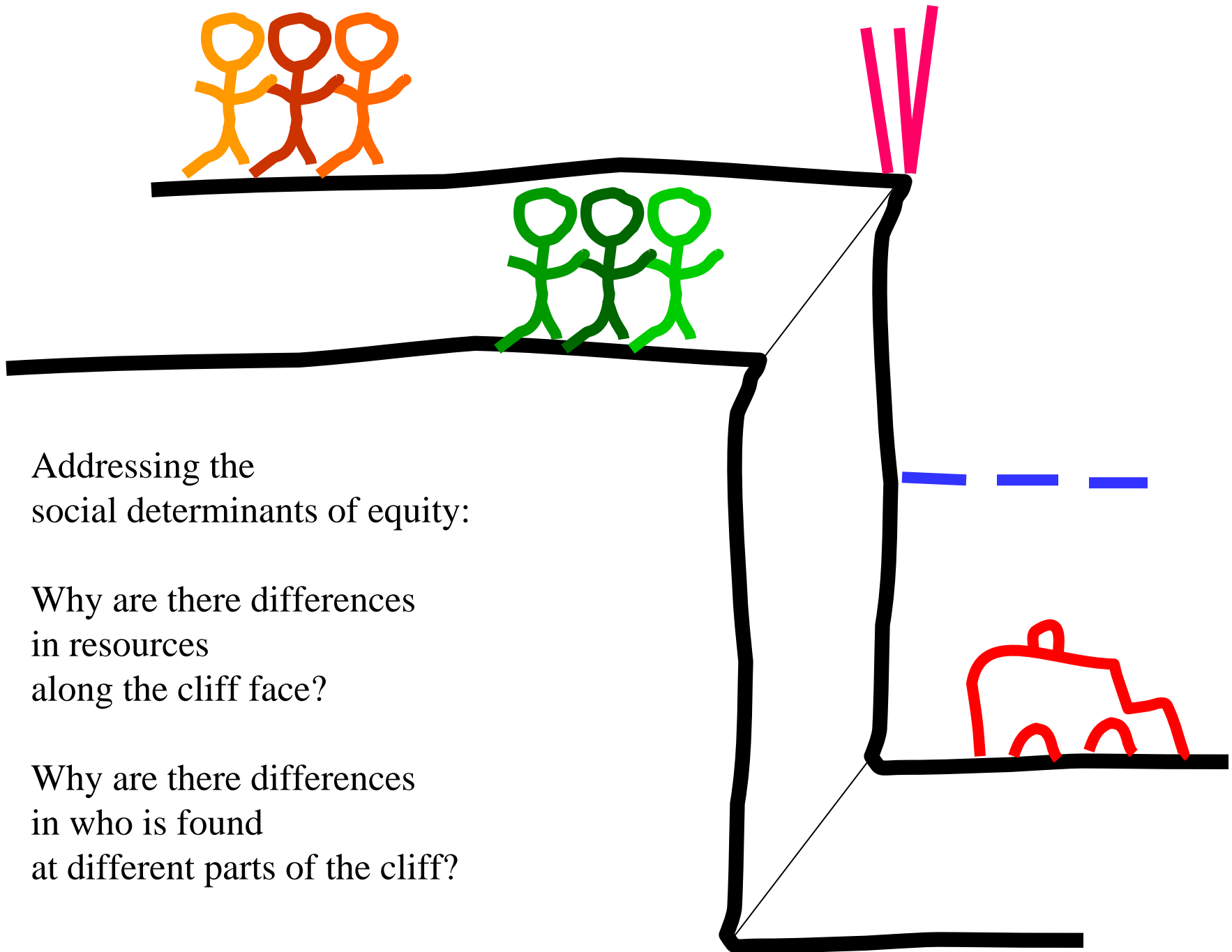












Addressing the social determinants of equity:

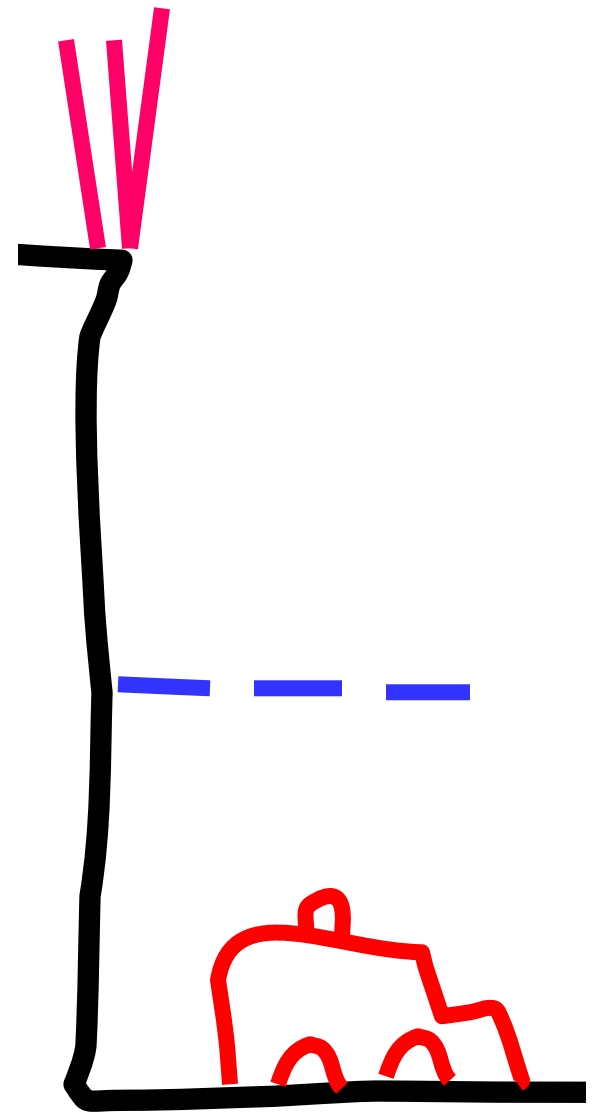
Why are there differences in resources along the cliff face?

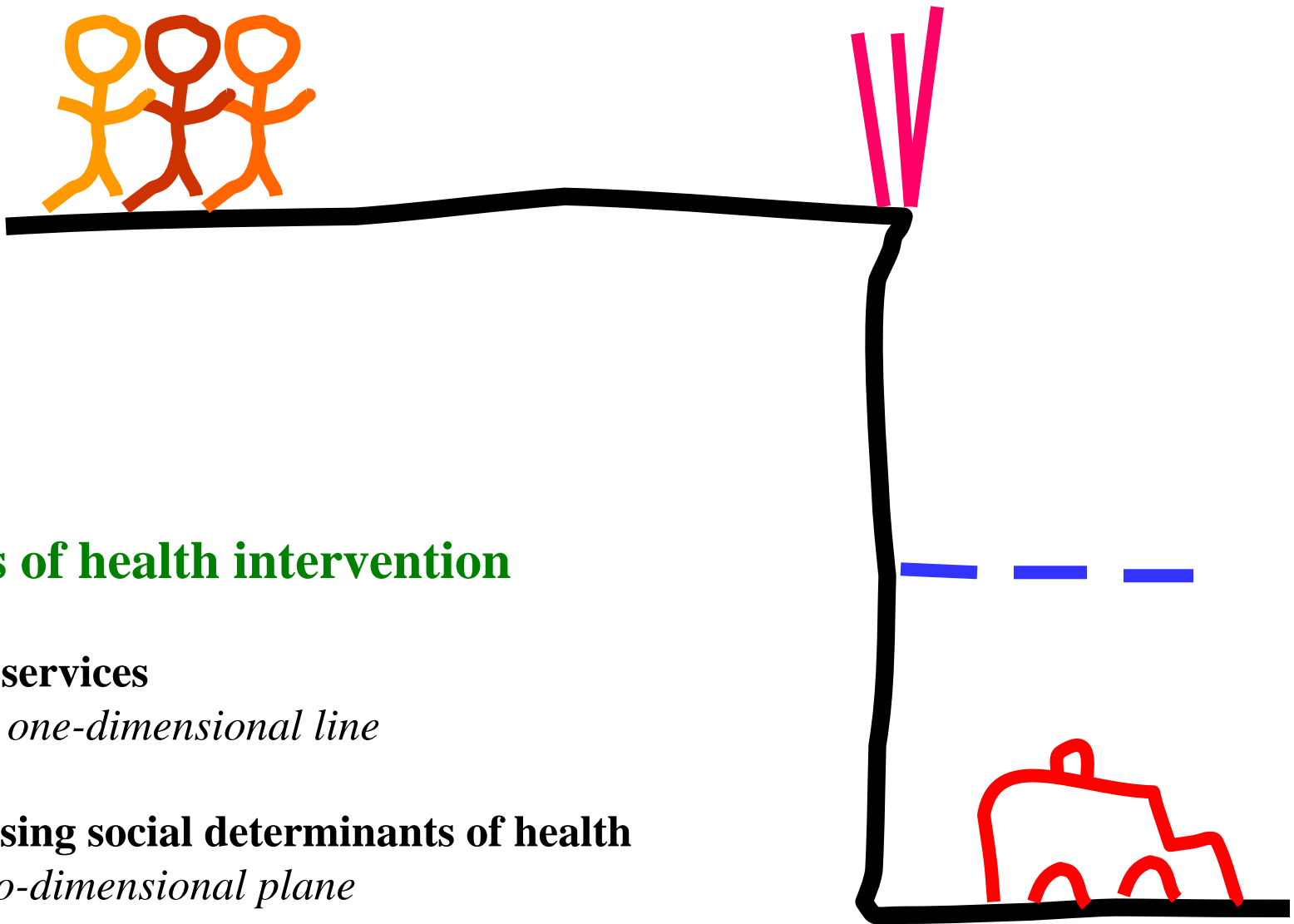
Why are there differences in who is found at different parts of the cliff?

Levels of health intervention

Health services

along a one-dimensional line





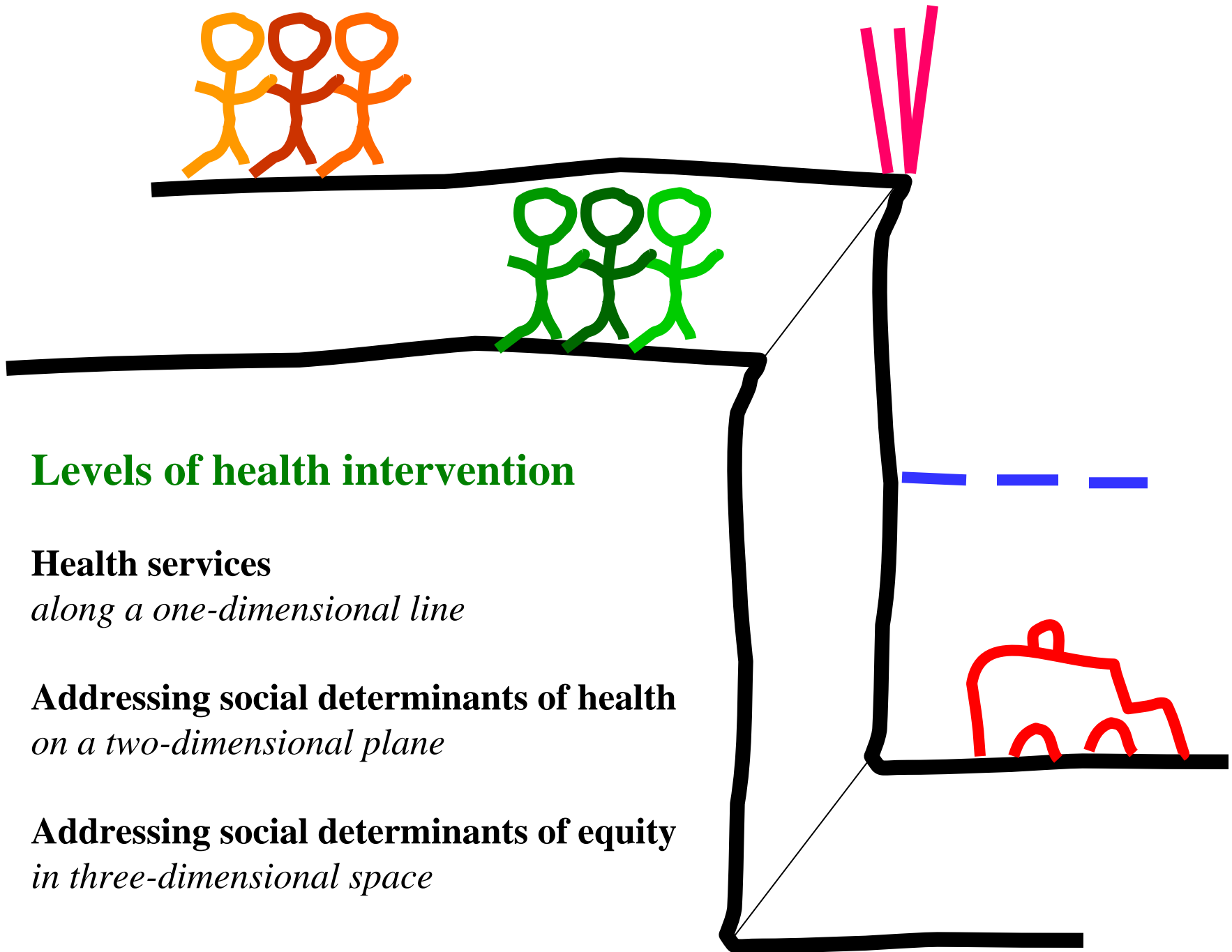
Levels of health intervention

Health services

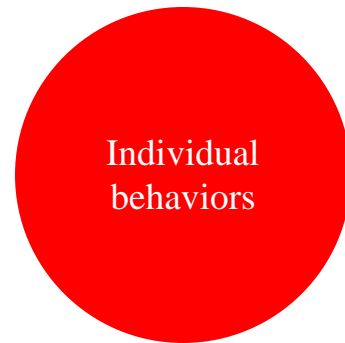
along a one-dimensional line

Addressing social determinants of health

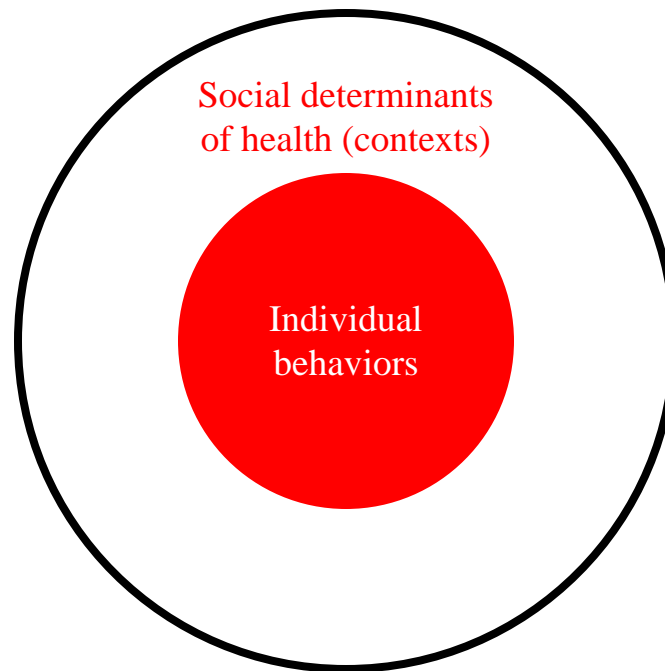
on a two-dimensional plane



Determinants of health



Determinants of health

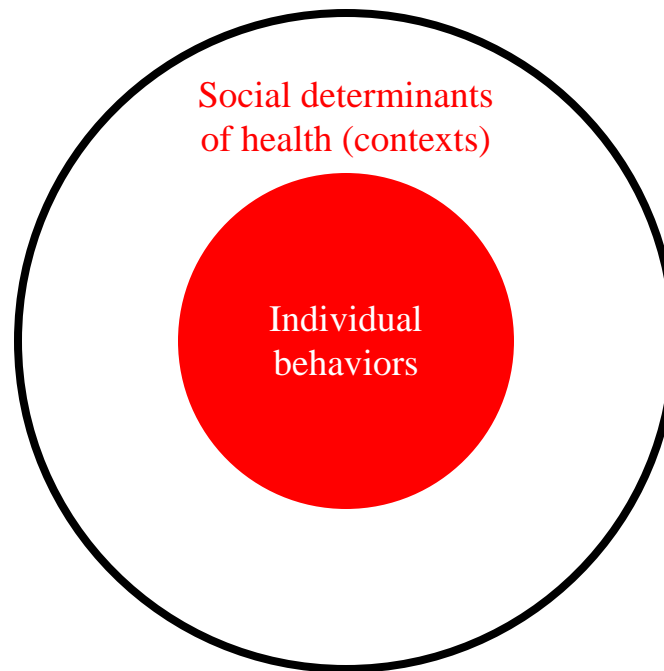


Determinants of health

**Determinants
of health and
illness that are
outside of the
individual**

Beyond genetic
predispositions

Beyond individual
behaviors

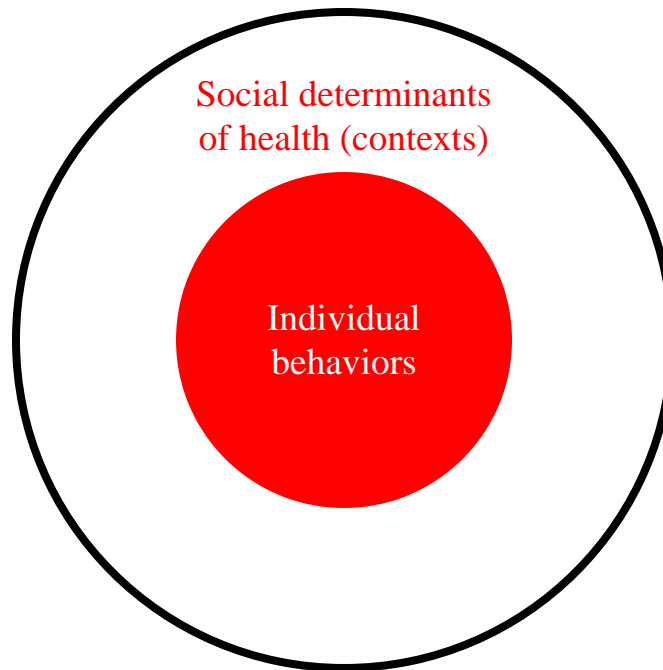


Determinants of health

Determinants of health and illness that are outside of the individual

Beyond genetic predispositions

Beyond individual behaviors

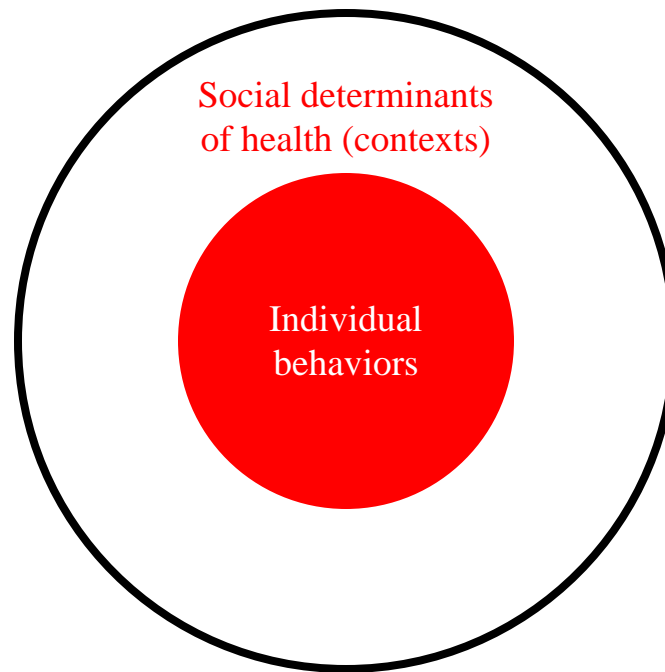


The contexts in which individual behaviors arise

Determinants of health

Individual resources

Education,
occupation,
income, wealth



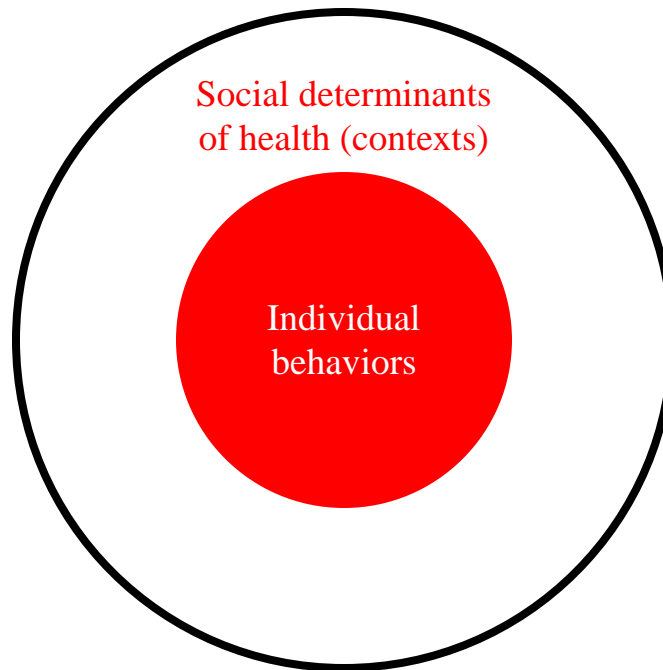
Determinants of health

Individual resources

Education,
occupation,
income, wealth

Neighborhood resources

Housing, food
choices, public
safety,
transportation,
parks and
recreation,
political clout



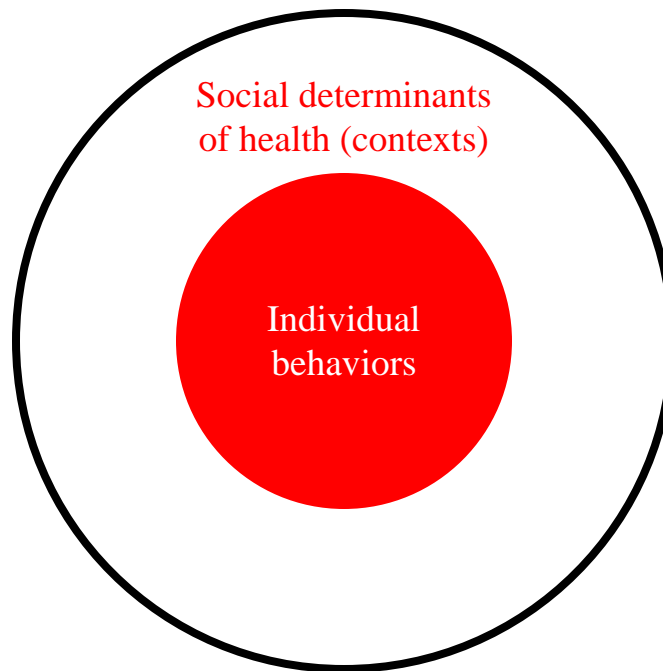
Determinants of health

Individual resources

Education, occupation, income, wealth

Neighborhood resources

Housing, food choices, public safety, transportation, parks and recreation, political clout



Hazards and toxic exposures

Pesticides, lead, reservoirs of infection

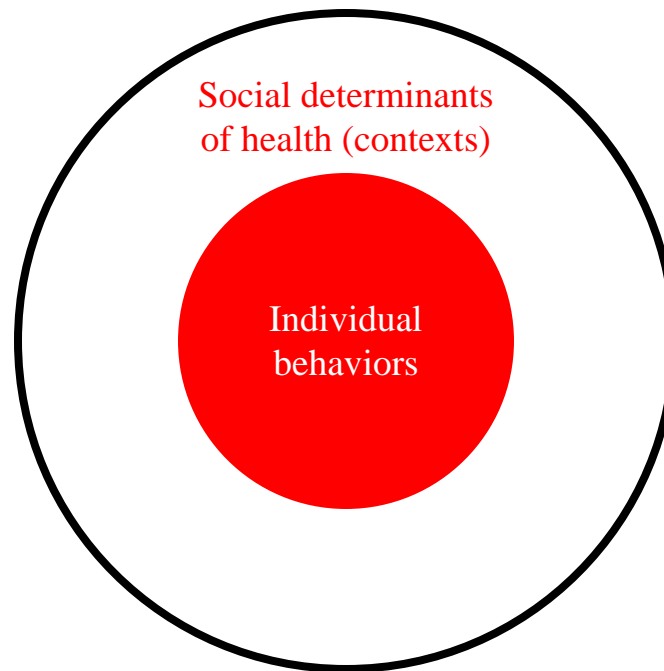
Determinants of health

Individual resources

Education, occupation, income, wealth

Neighborhood resources

Housing, food choices, public safety, transportation, parks and recreation, political clout



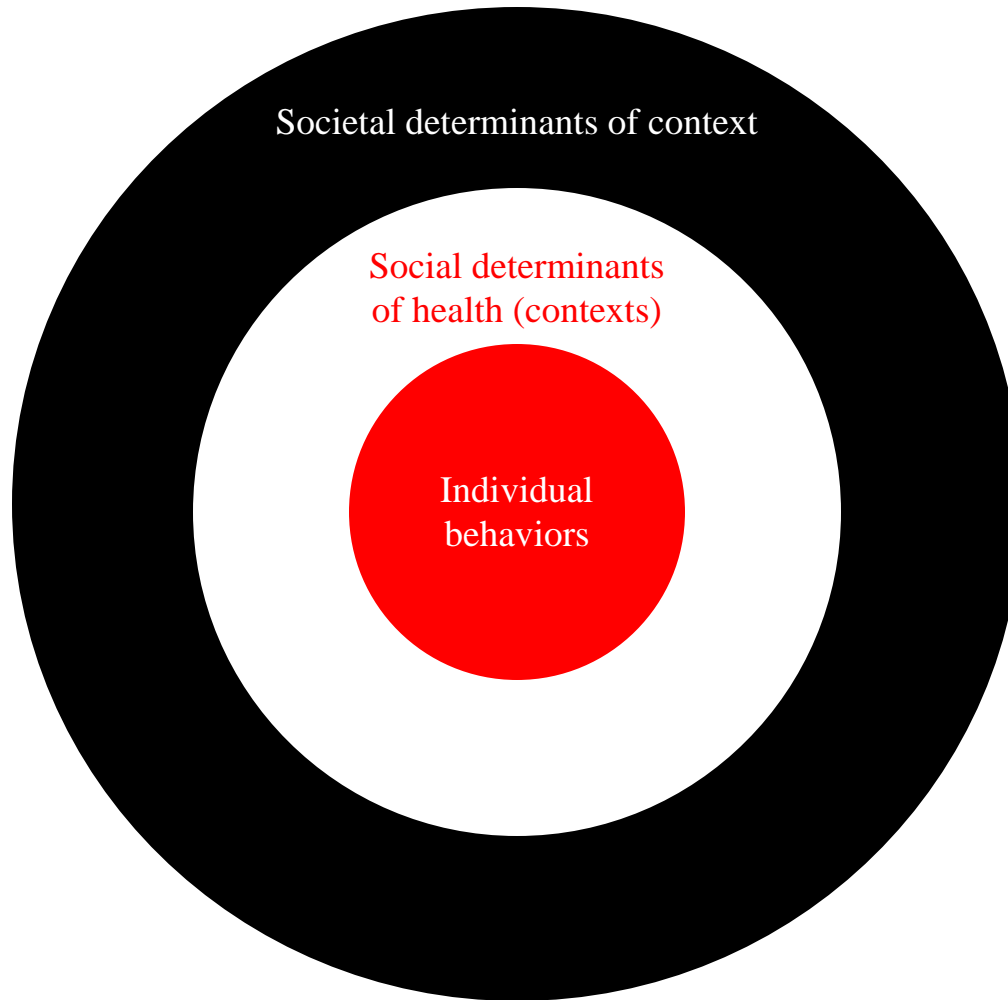
Hazards and toxic exposures

Pesticides, lead, reservoirs of infection

Opportunity structures

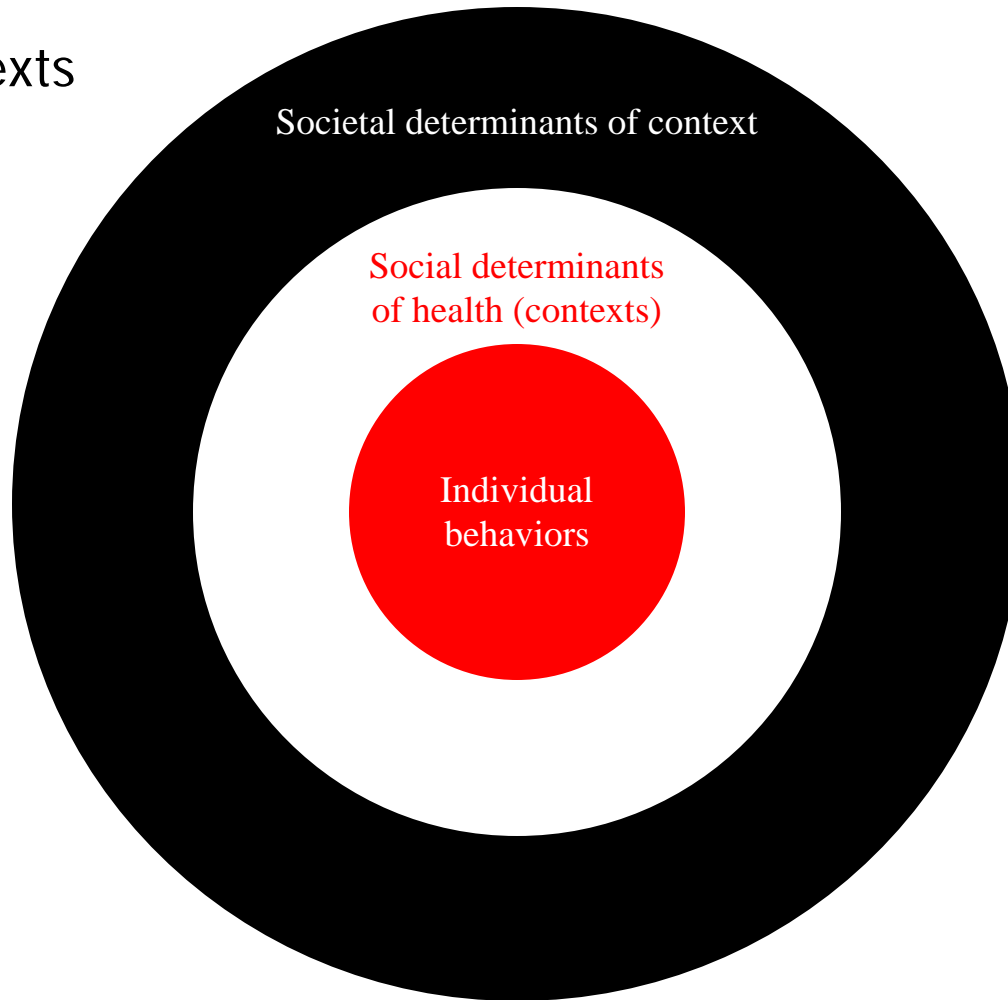
Schools, jobs, justice

Determinants of health



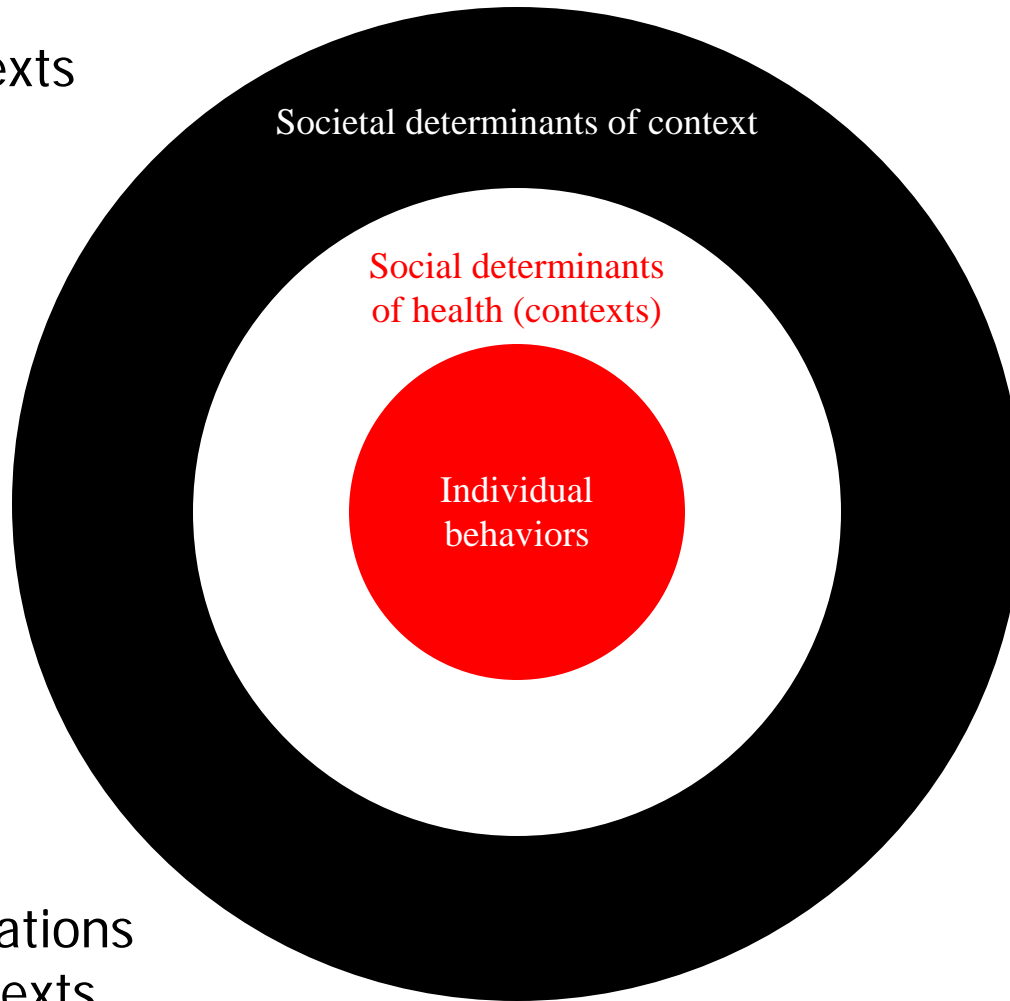
Determinants of health

Determine the
range of
observed contexts



Determinants of health

Determine the range of observed contexts

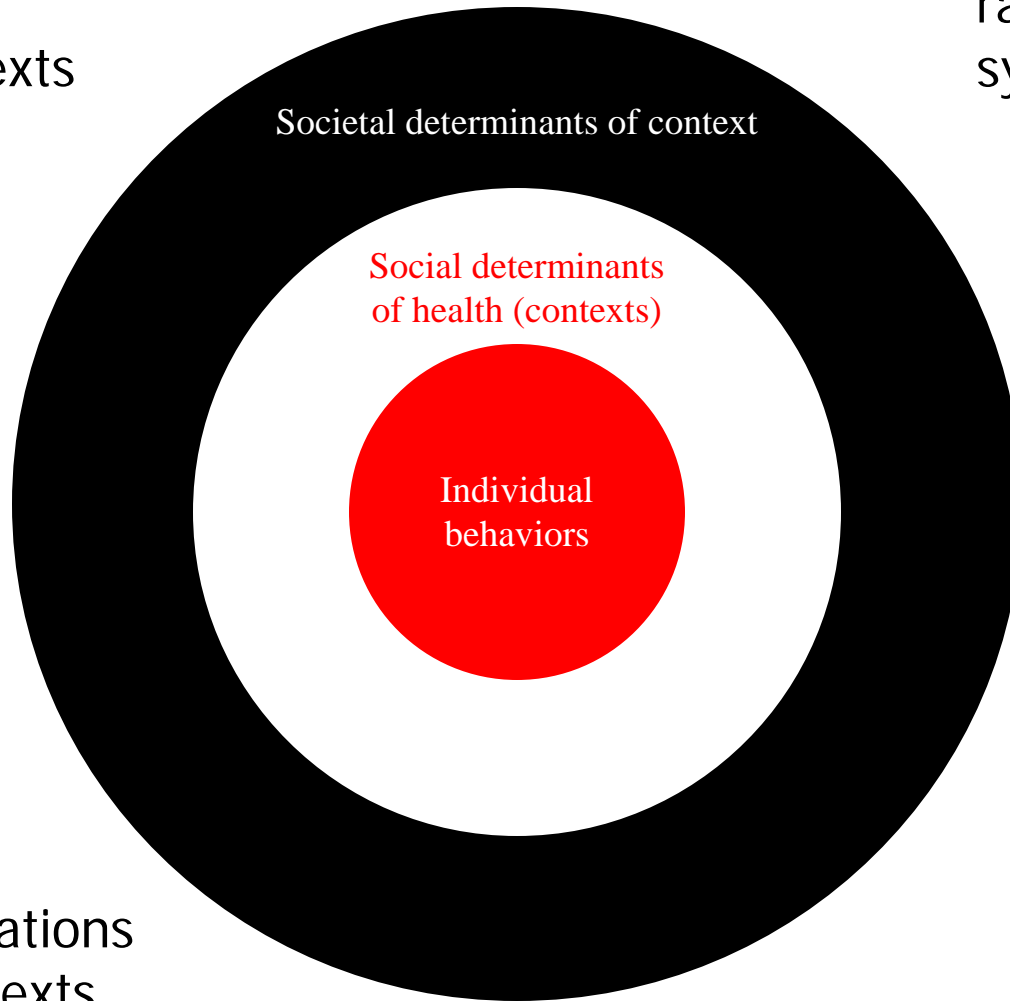


Determine the distribution of different populations into those contexts

Determinants of health

Determine the range of observed contexts

Include capitalism, racism, and other systems of power

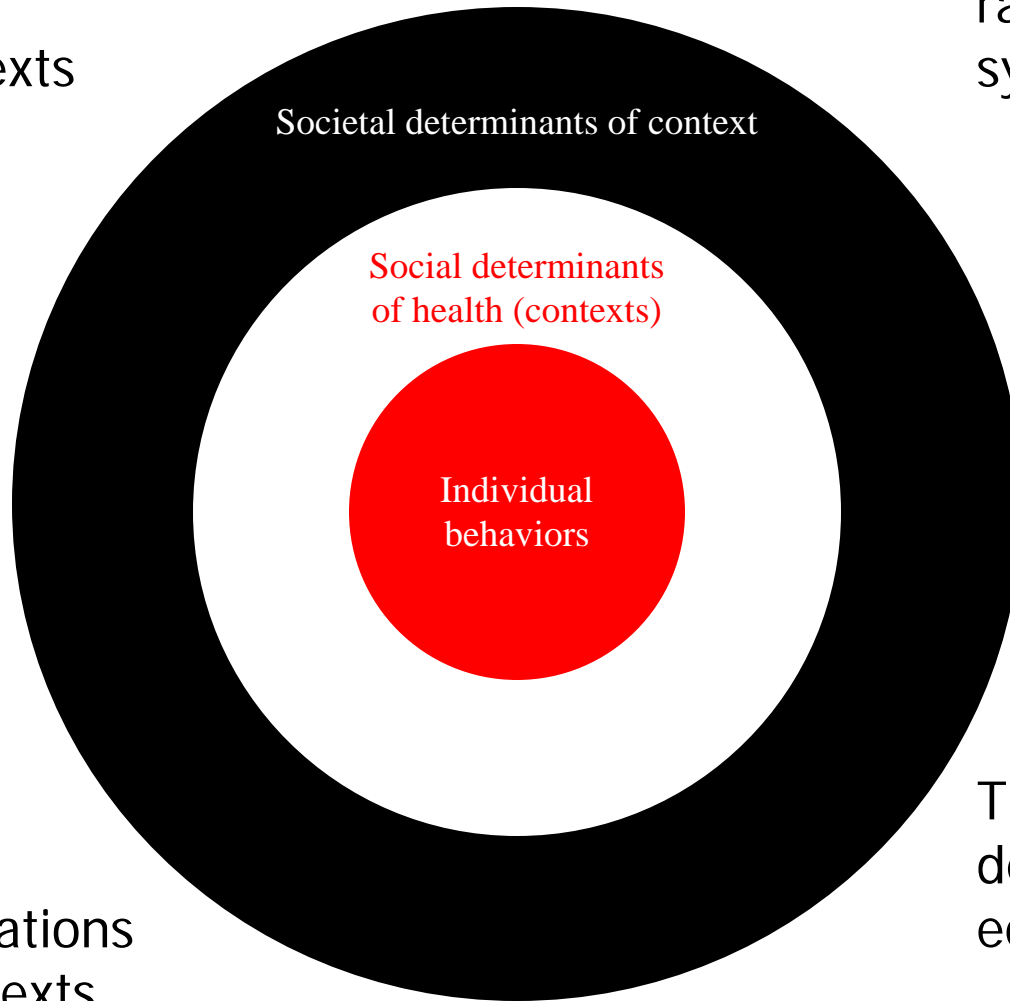


Determine the distribution of different populations into those contexts

Determinants of health

Determine the range of observed contexts

Include capitalism, racism, and other systems of power



Determine the distribution of different populations into those contexts

The social determinants of equity

Addressing the social determinants of health

- Involves the medical care and public health systems, but clearly extends beyond these
- Requires collaboration with multiple sectors outside of health, including education, housing, labor, justice, transportation, agriculture, and environment

Addressing the social determinants of equity

- Involves monitoring for inequities in exposures and opportunities, as well as for disparities in outcomes
- Involves examination of structures, policies, practices, norms, and values
- Requires intervention on societal structures and attention to systems of power

Beyond individual behaviors

- Address the social determinants of health, including poverty, in order to achieve large and sustained improvements in health outcomes
- Address the social determinants of equity, including racism, in order to achieve social justice and eliminate health disparities



Naming and Addressing

**the Impacts of Racism
on Health**

Why discuss racism?

- To eliminate racial disparities in health, need examine fundamental causes
 - “Race” is only a rough proxy for SES, culture, or genes
 - “Race” precisely measures the social classification of people in our “race”-conscious society
- Hypothesize racism as a fundamental cause of racial disparities in health



What is racism?

A system

What is racism?

A system of structuring opportunity and assigning value

What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how we look ("race")

What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how we look ("race")

- Unfairly disadvantages some individuals and communities

What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how we look ("race")

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities

What is racism?

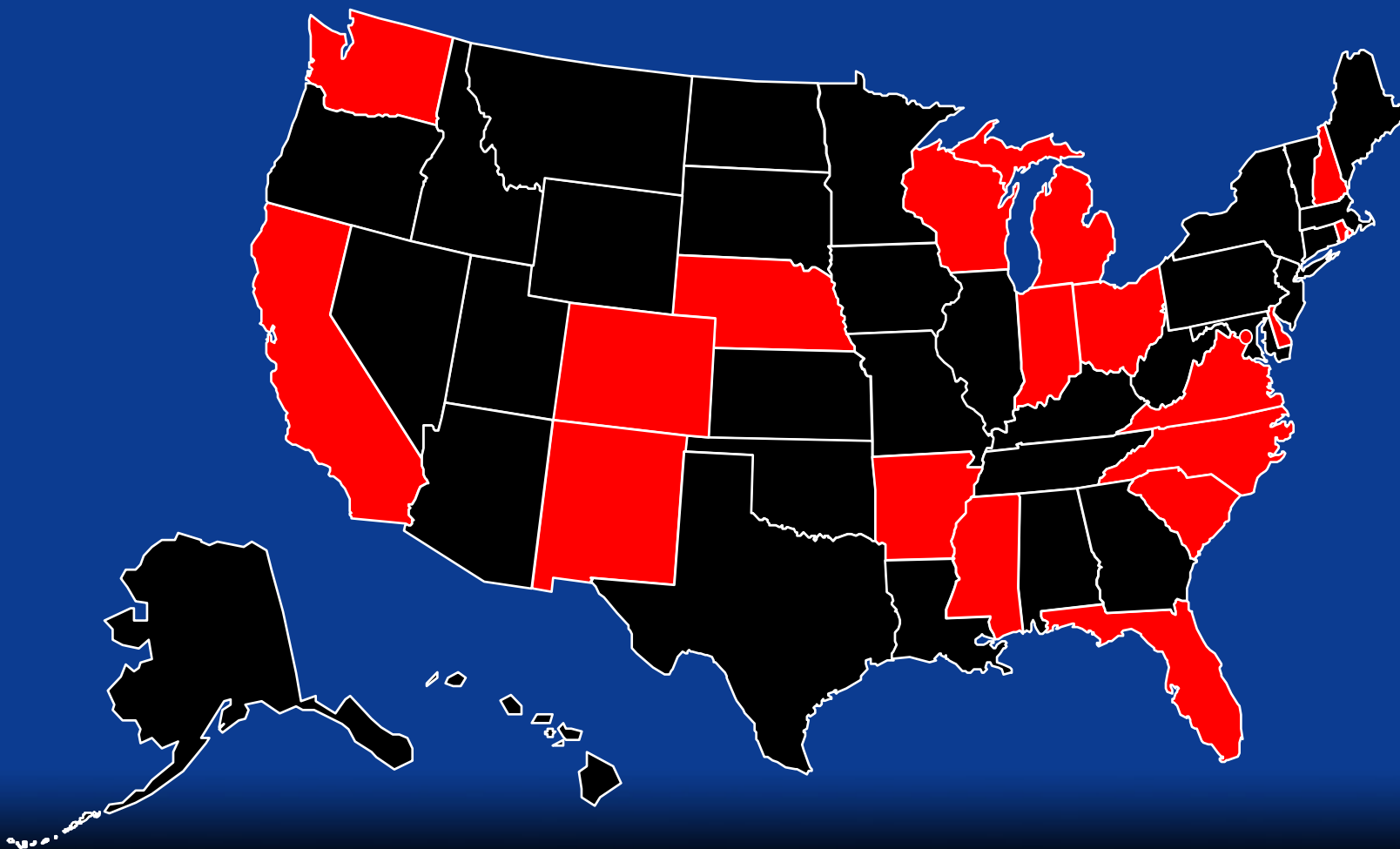
A system of structuring opportunity and assigning value based on the social interpretation of how we look ("race")

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

“Reactions to Race” module

- Six-question optional module on the Behavioral Risk Factor Surveillance System since 2002
 - ◆ “How do other people usually classify you in this country?”
 - ◆ “How often do you think about your race?”
 - ◆ Perceptions of differential treatment at work or when seeking health care
 - ◆ Reports of physical symptoms or emotional upset as a result of “race”-based treatment

States using the “Reactions to Race” module 2002 to 2009 BRFSS



Arkansas, California, Colorado, Delaware, District of Columbia, Florida, Indiana, Michigan, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, Ohio, Rhode Island, South Carolina, Virginia, Washington, Wisconsin

States using the "Reactions to Race" module

| | | | | | | |
|-------------------|------|------|------|------|------|------|
| Arkansas | | 2004 | | | | |
| California | 2002 | | | | | |
| Colorado | | 2004 | | | | |
| Delaware | 2002 | 2004 | 2005 | | | |
| District Columbia | | 2004 | | | | |
| Florida | 2002 | | | | | |
| Indiana | | | | | | 2009 |
| Michigan | | | | 2006 | | |
| Mississippi | | 2004 | | | | |
| Nebraska | | | | | 2008 | 2009 |
| New Hampshire | 2002 | | | | | |
| New Mexico | 2002 | | | | | |
| North Carolina | 2002 | | | | | |
| Ohio | | 2003 | 2005 | | | |
| Rhode Island | | 2004 | | | 2007 | |
| South Carolina | | 2003 | 2004 | | | |
| Virginia | | | | | | 2008 |
| Washington | | 2004 | | | | |
| Wisconsin | | 2004 | 2005 | 2006 | | |

Socially-assigned “race”

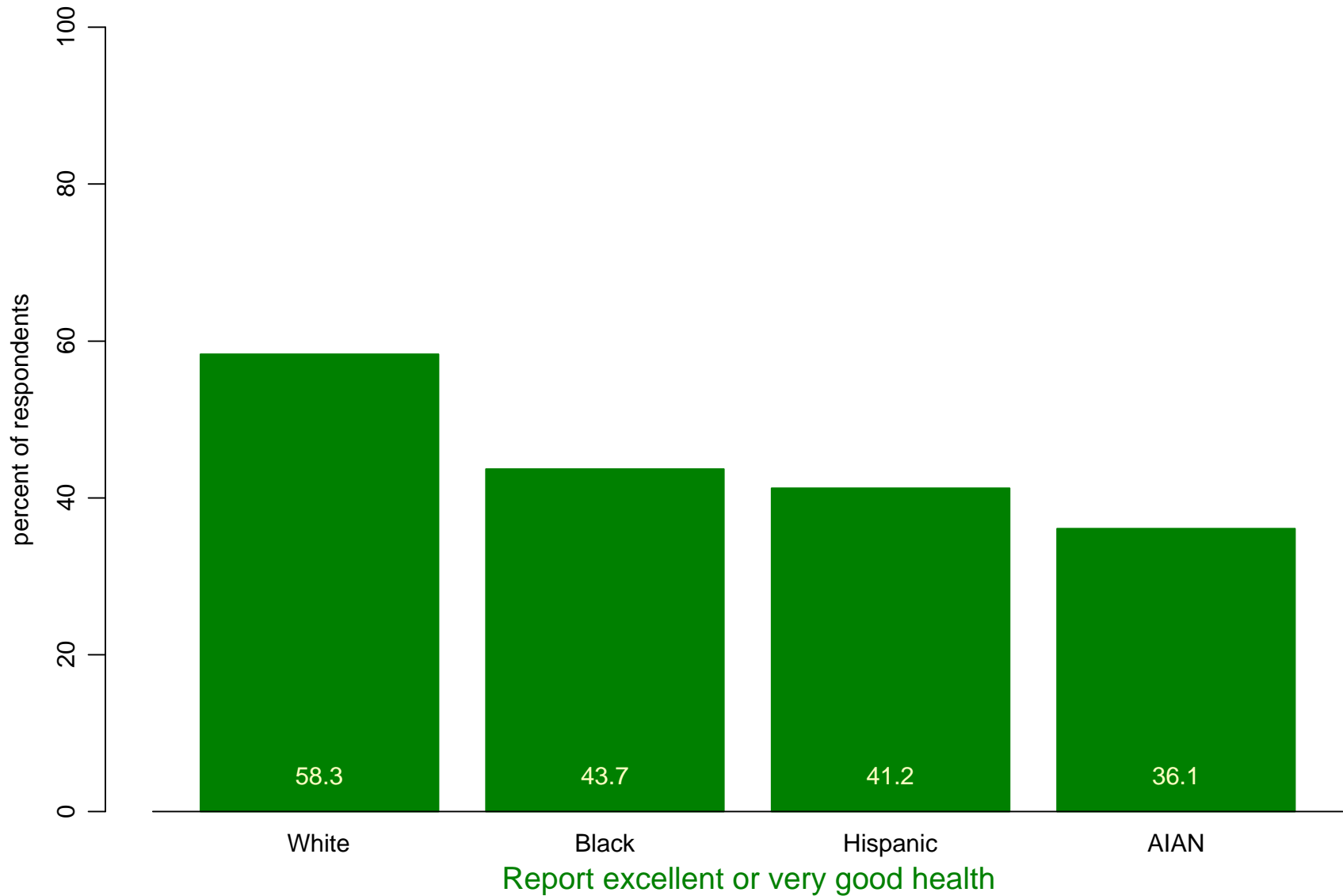
- **How do other people usually classify you in this country? Would you say:**
 - ◆ White
 - ◆ Black or African-American
 - ◆ Hispanic or Latino
 - ◆ Asian
 - ◆ Native Hawaiian or Other Pacific Islander
 - ◆ American Indian or Alaska Native
 - ◆ Some other group

General health status

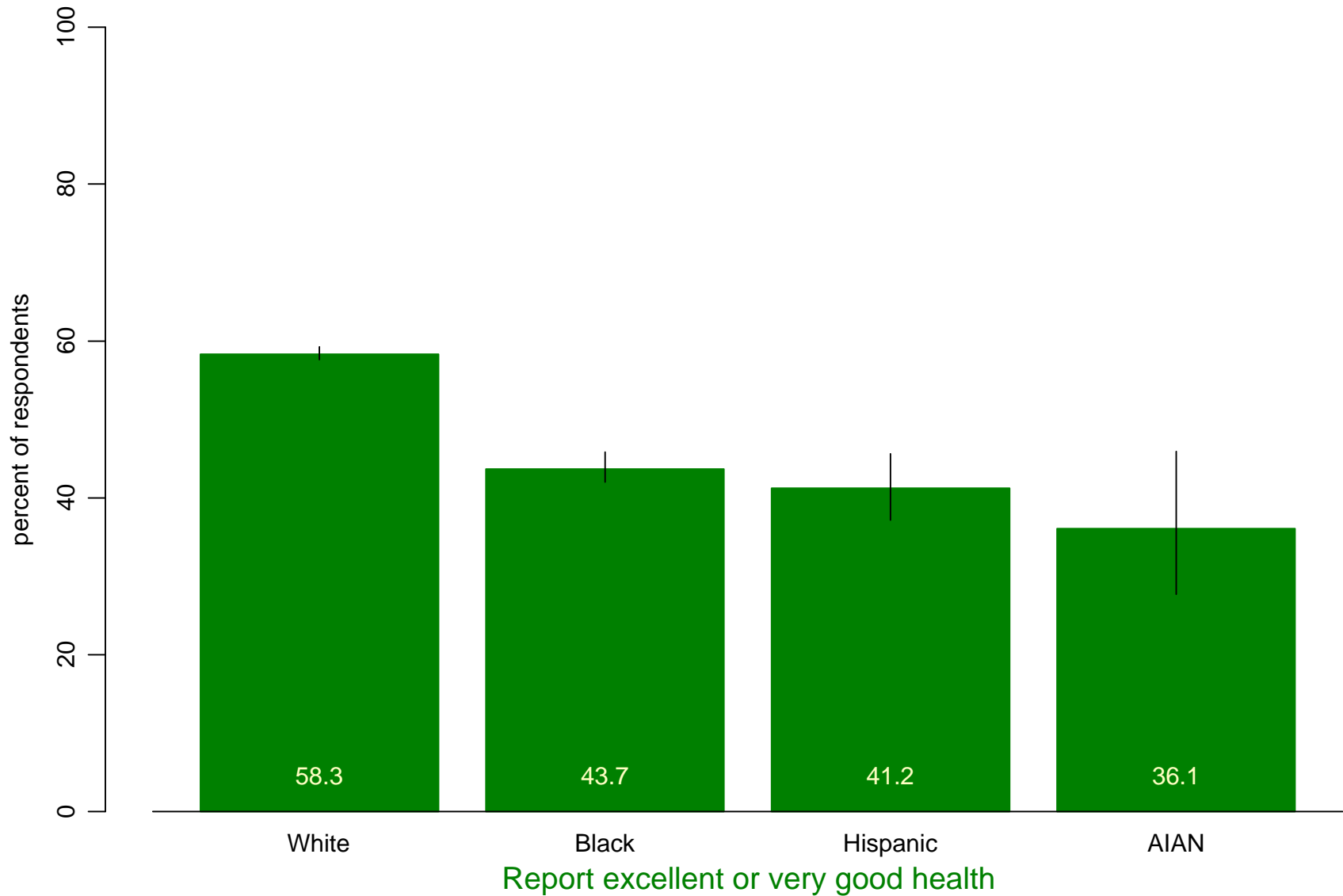
- **Would you say that in general your health is:**

- ◆ Excellent
- ◆ Very good
- ◆ Good
- ◆ Fair
- ◆ Poor

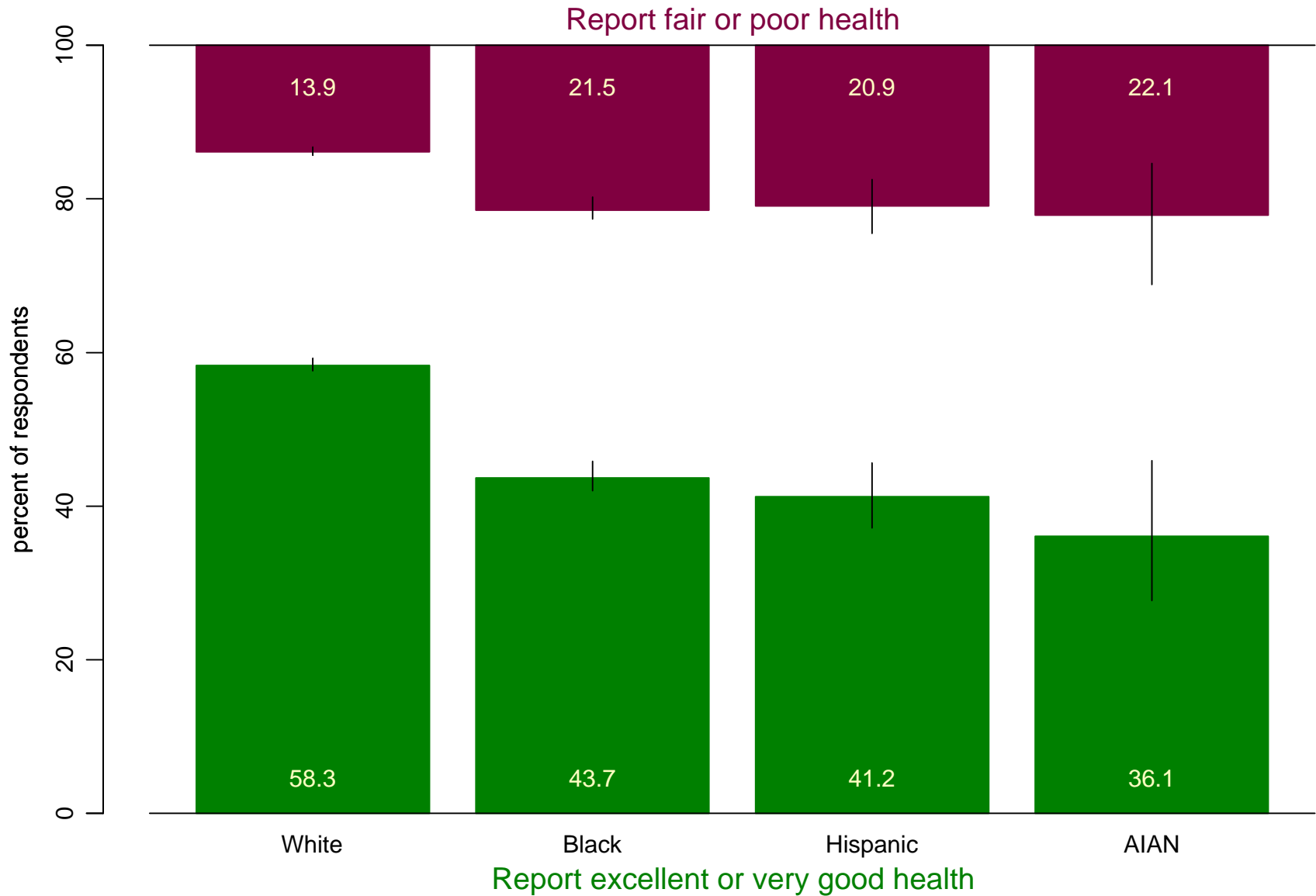
General health status by socially-assigned "race", 2004 BRFSS



General health status by socially-assigned "race", 2004 BRFSS



General health status by socially-assigned "race", 2004 BRFSS



General health status and “race”

- Being perceived as *White* is associated with better health

Self-identified ethnicity

- **Are you Hispanic or Latino?**

- ◆ Yes

- ◆ No

Self-identified “race”

- **Which one or more of the following would you say is your race?**
 - ◆ White
 - ◆ Black or African-American
 - ◆ Asian
 - ◆ Native Hawaiian or Other Pacific Islander
 - ◆ American Indian or Alaska Native
 - ◆ Other
- **Which one of these groups would you say best represents your race?**

Self-identified “race”/ethnicity

- Hispanic

- ◆ “Yes” to Hispanic/Latino ethnicity question
- ◆ Any response to race question

- White

- ◆ “No” to Hispanic/Latino ethnicity question
- ◆ Only one response to race question, “White”

- Black

- ◆ “No” to Hispanic/Latino ethnicity question
- ◆ Only one response to race question, “Black”

- American Indian/Alaska Native

- ◆ “No” to Hispanic/Latino ethnicity question
- ◆ Only one response to race question, “AI/AN”

Two measures of "race"

How usually classified by others

White Black Hispanic AIAN ...

How self-identify

| | | | | | |
|-----------------|-------------|-------------|-----|-----|-----|
| White 26,373 | 98.4 | 0.1 | 0.3 | 0.1 | 1.1 |
| Black 5,246 | 0.4 | 96.3 | 0.8 | 0.3 | 2.2 |
| | | | | | |
| | | | | | |

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| Hispanic 1,528 | 26.8 | 3.5 | 63.0 | 1.2 | 5.5 |
| | | | | | |

Two measures of "race"

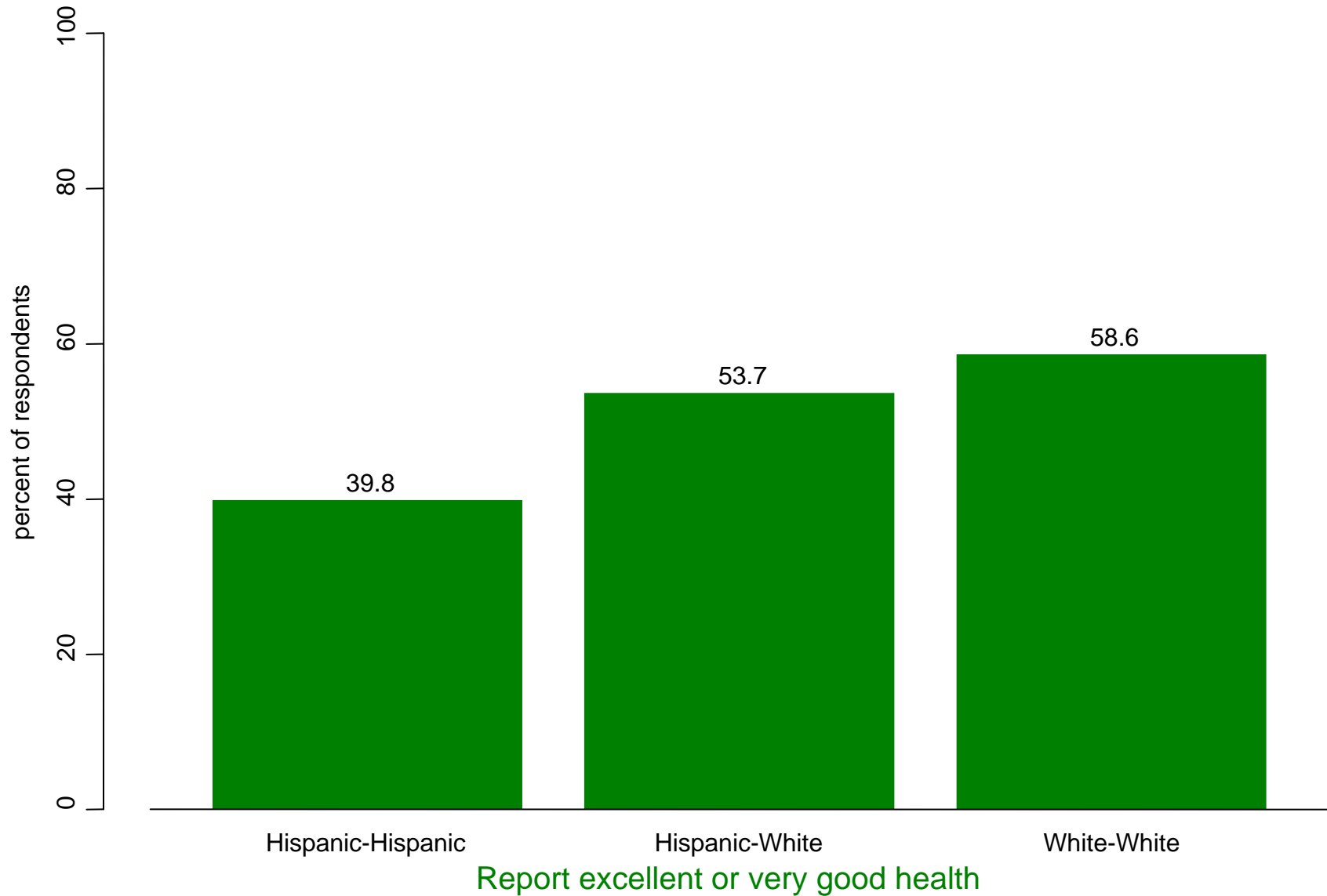
How usually classified by others

White Black Hispanic AIAN ...

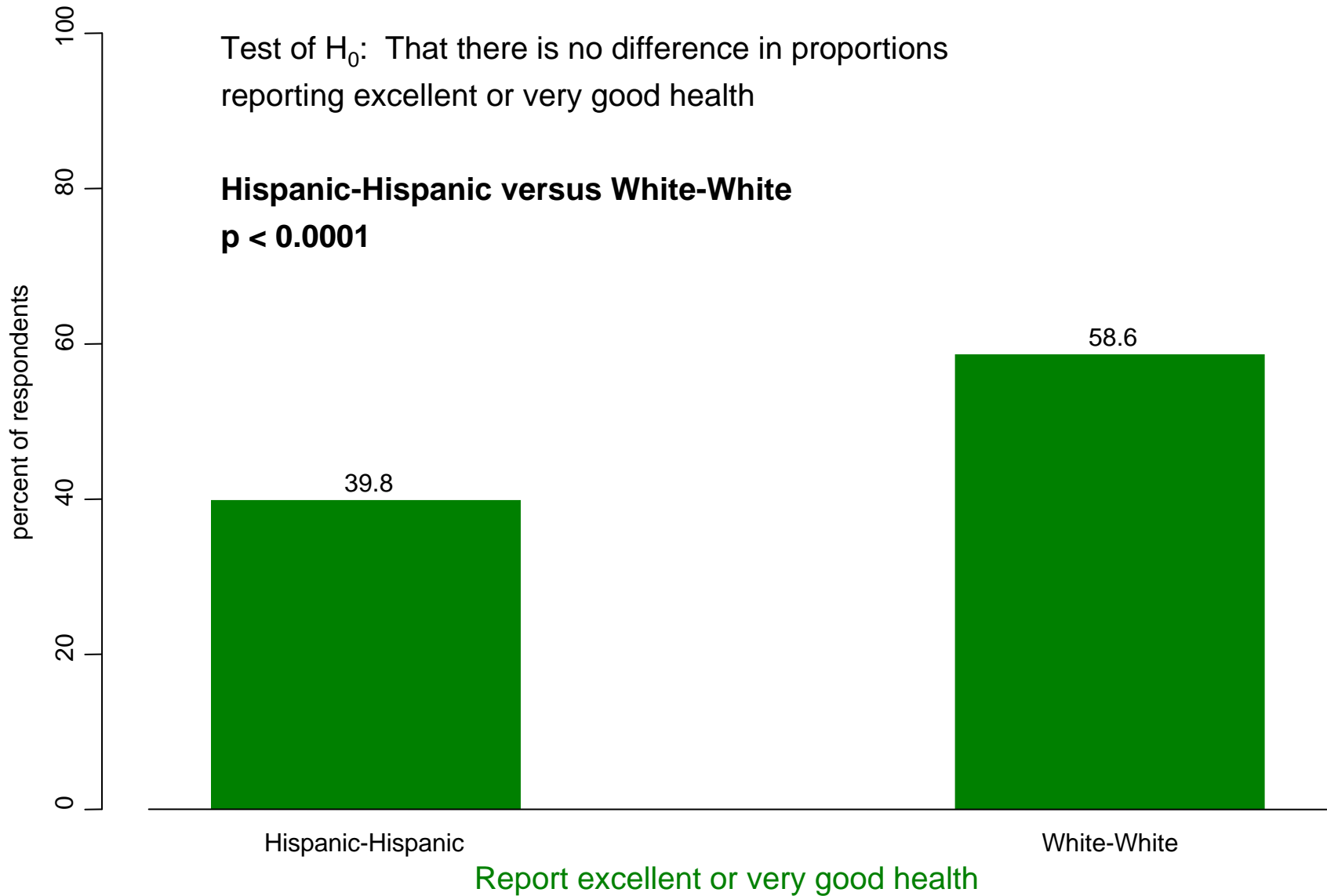
How self-identify

| | | | | | |
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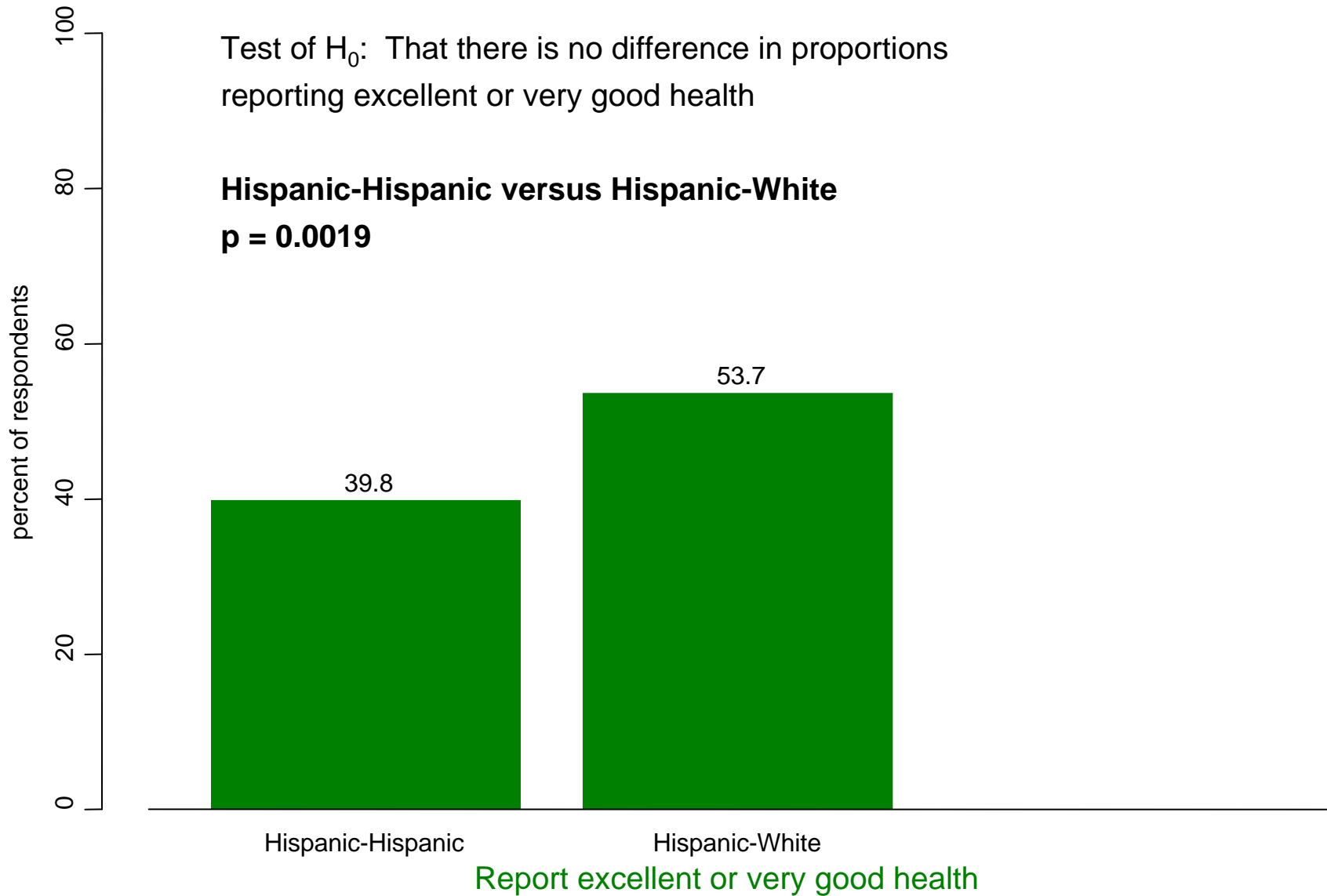
General health status, by self-identified and socially-assigned "race", 2004



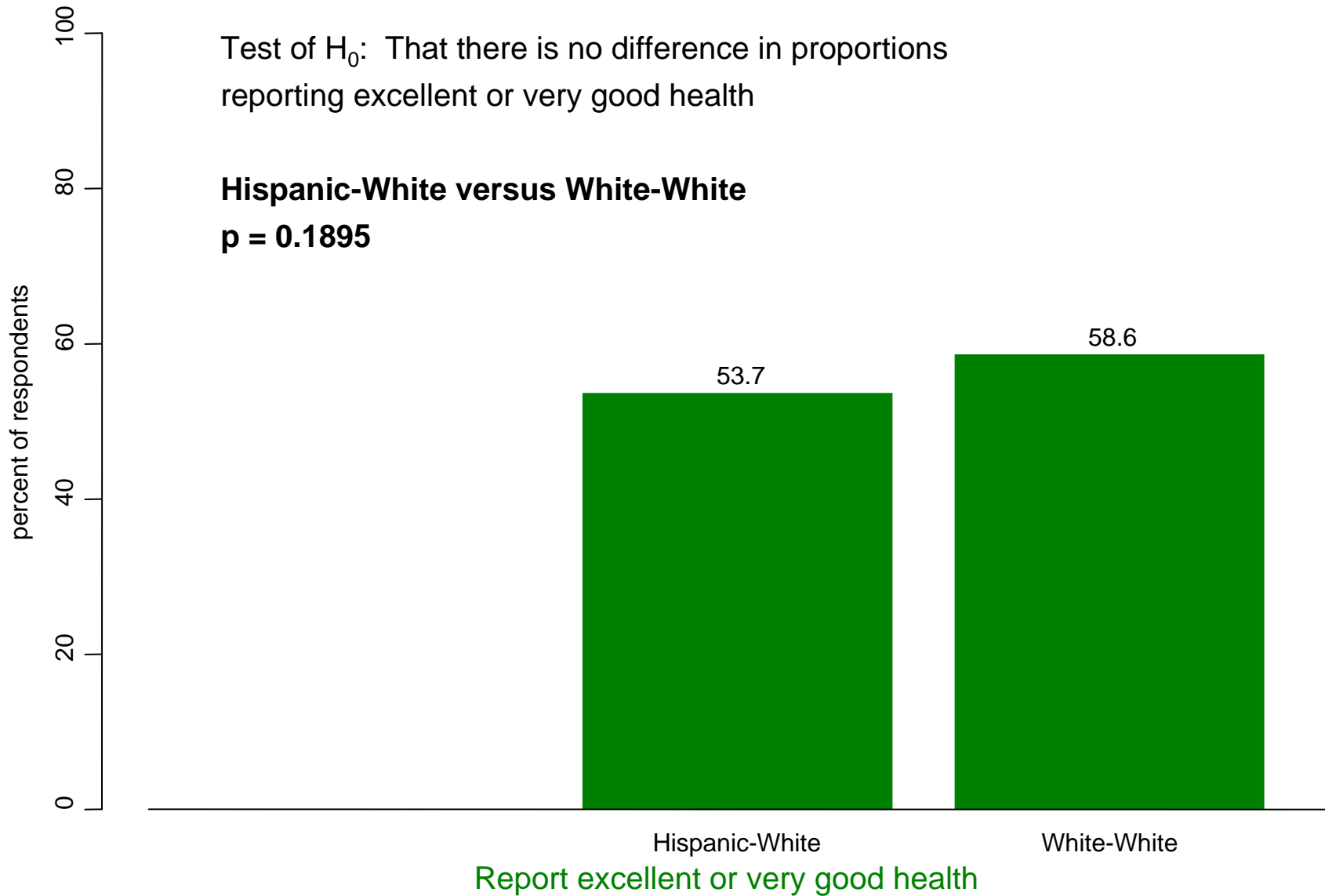
General health status, by self-identified and socially-assigned "race", 2004



General health status, by self-identified and socially-assigned "race", 2004



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| AIAN 321 | 47.6 | 3.4 | 7.3 | 35.9 | 5.8 |

Two measures of "race"

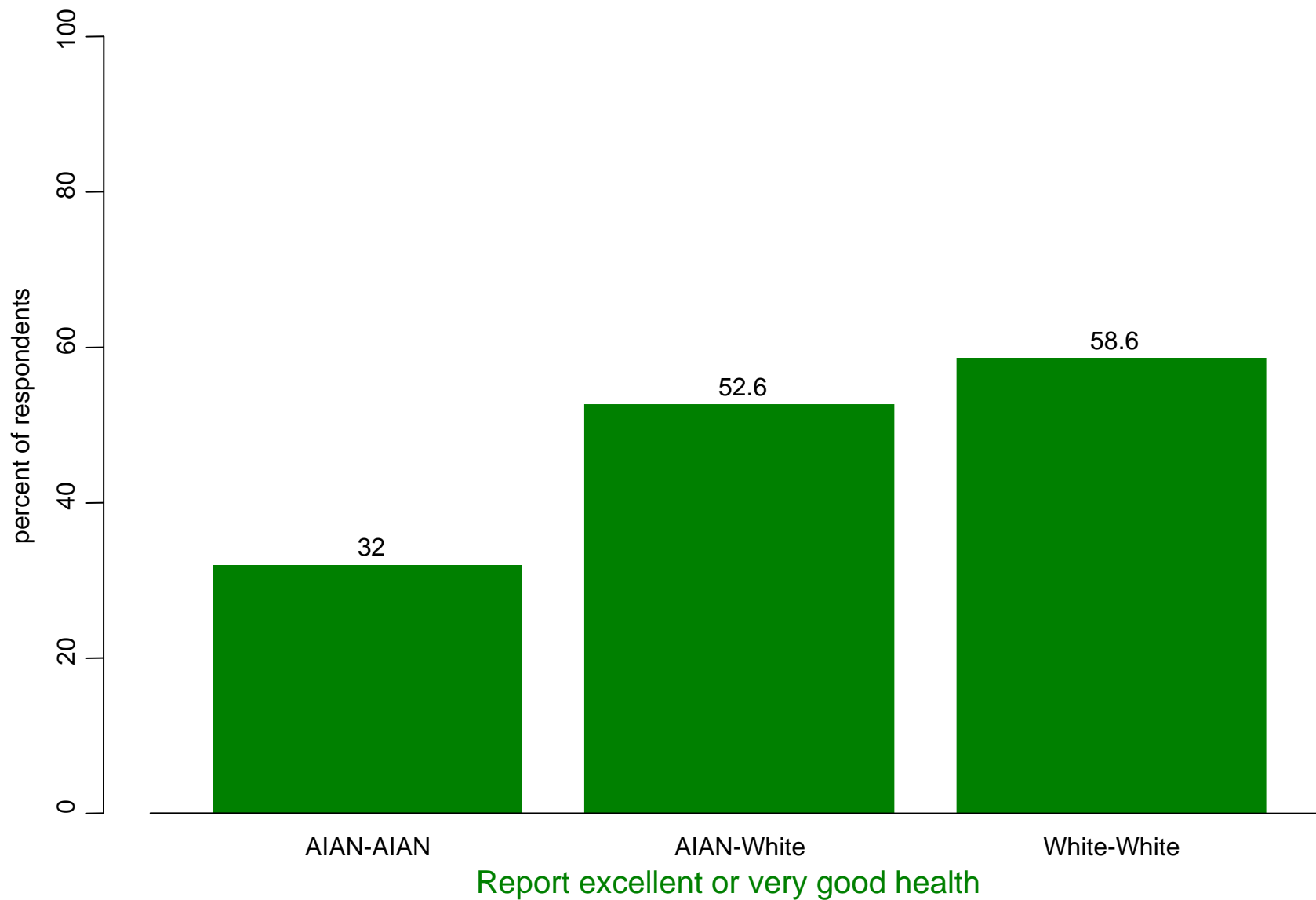
How usually classified by others

White Black Hispanic AIAN ...

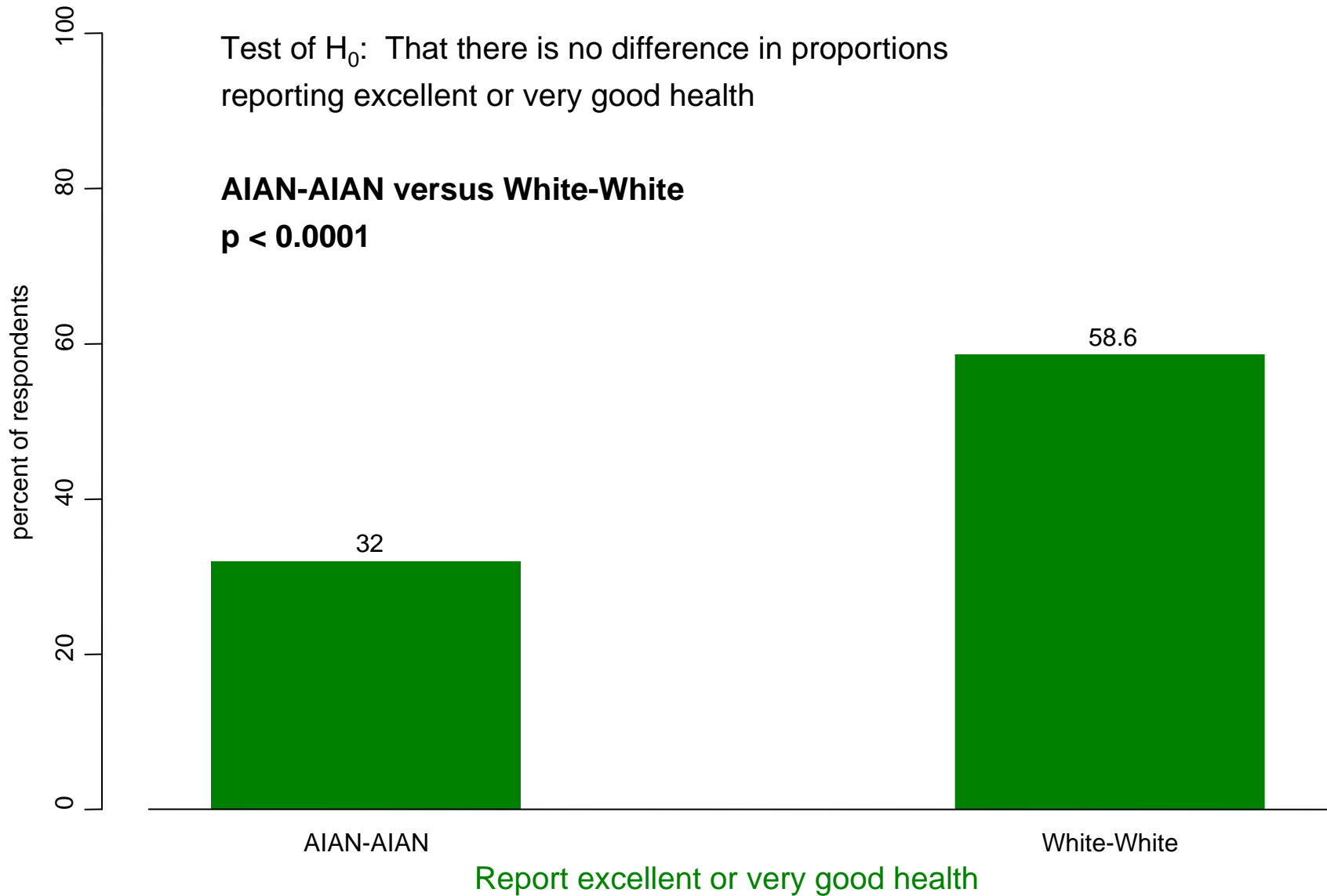
How self-identify

| | | | | | |
|-------------------|-------------|-------------|-------------|-------------|-----|
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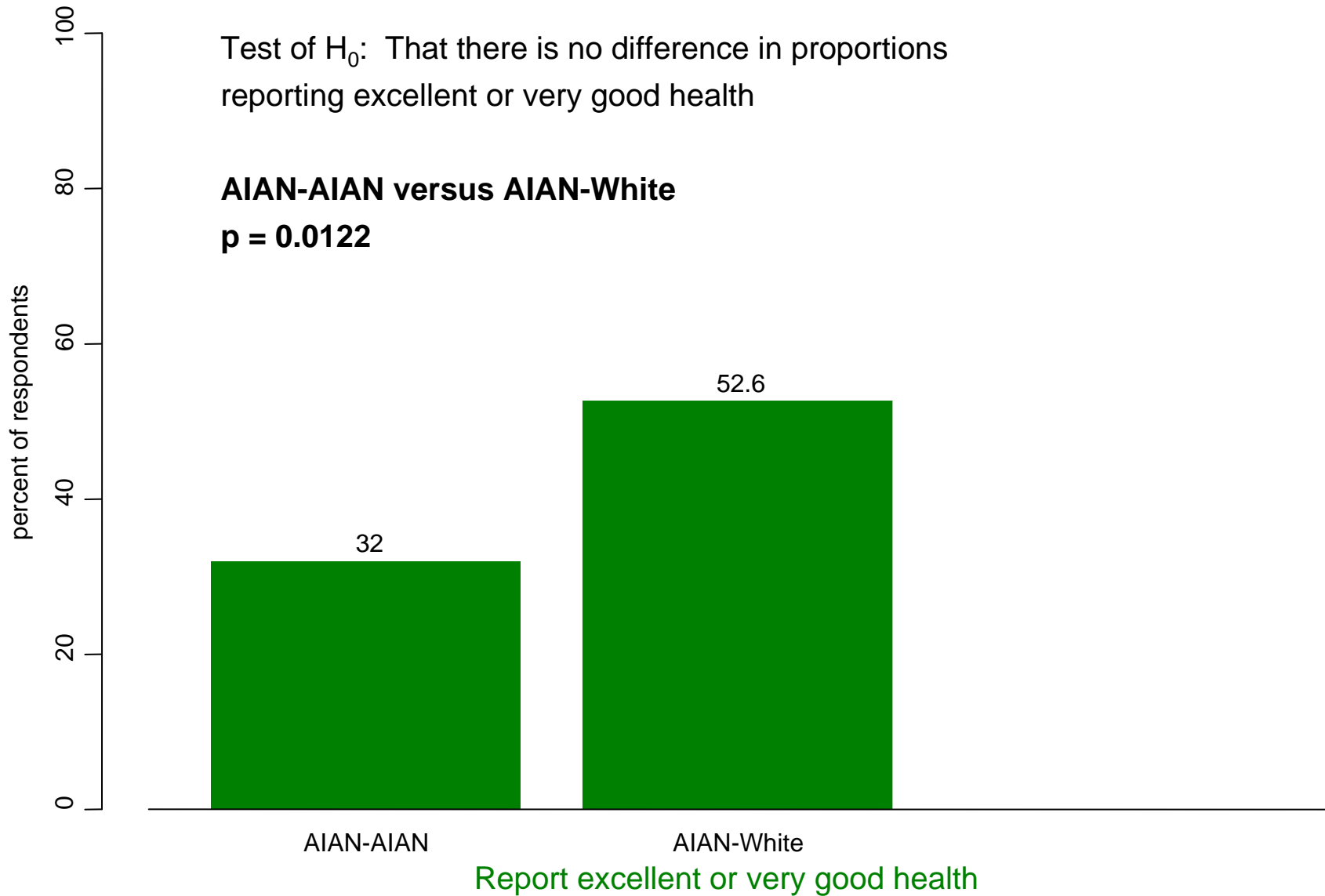
General health status, by self-identified and socially-assigned "race", 2004



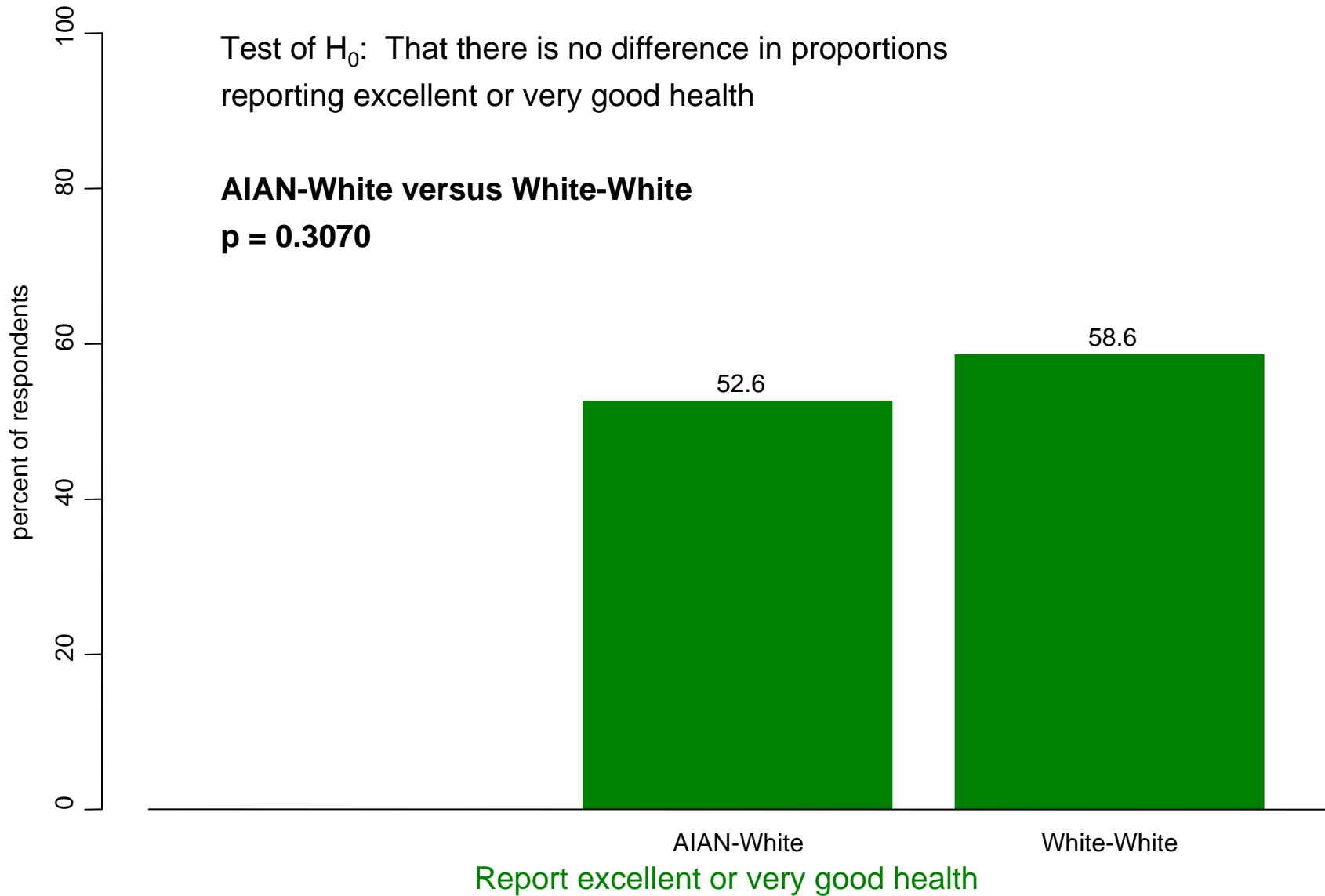
General health status, by self-identified and socially-assigned "race", 2004



General health status, by self-identified and socially-assigned "race", 2004



General health status, by self-identified and socially-assigned "race", 2004



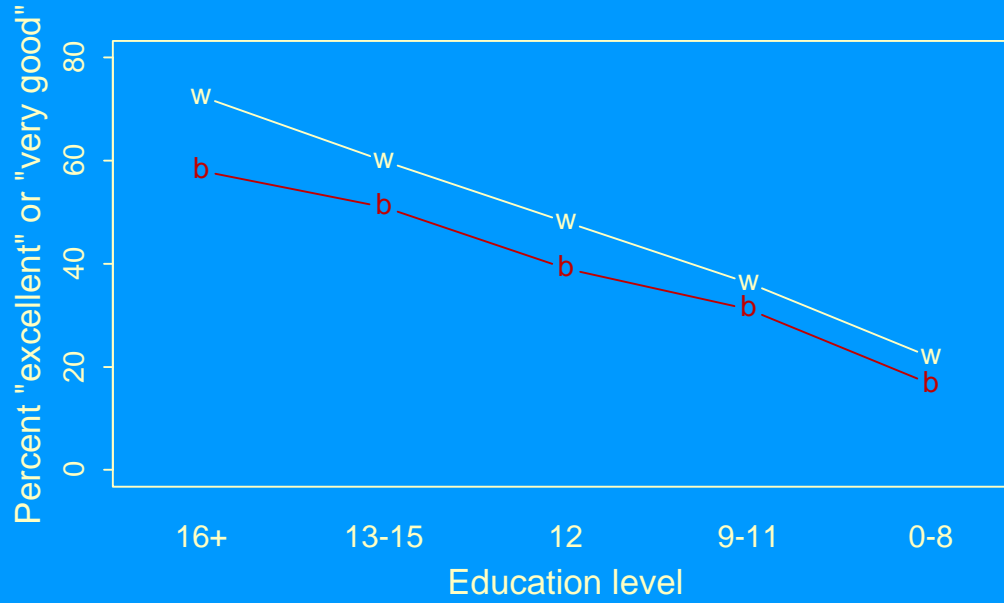
General health status and “race”

- Being perceived as *White* is associated with better health
 - ◆ Even within non-*White* self-identified “race”/ethnic groups

General health status and “race”

- Being perceived as *White* is associated with better health
 - ◆ Even within non-*White* self-identified “race”/ethnic groups
 - ◆ Even within the same educational level

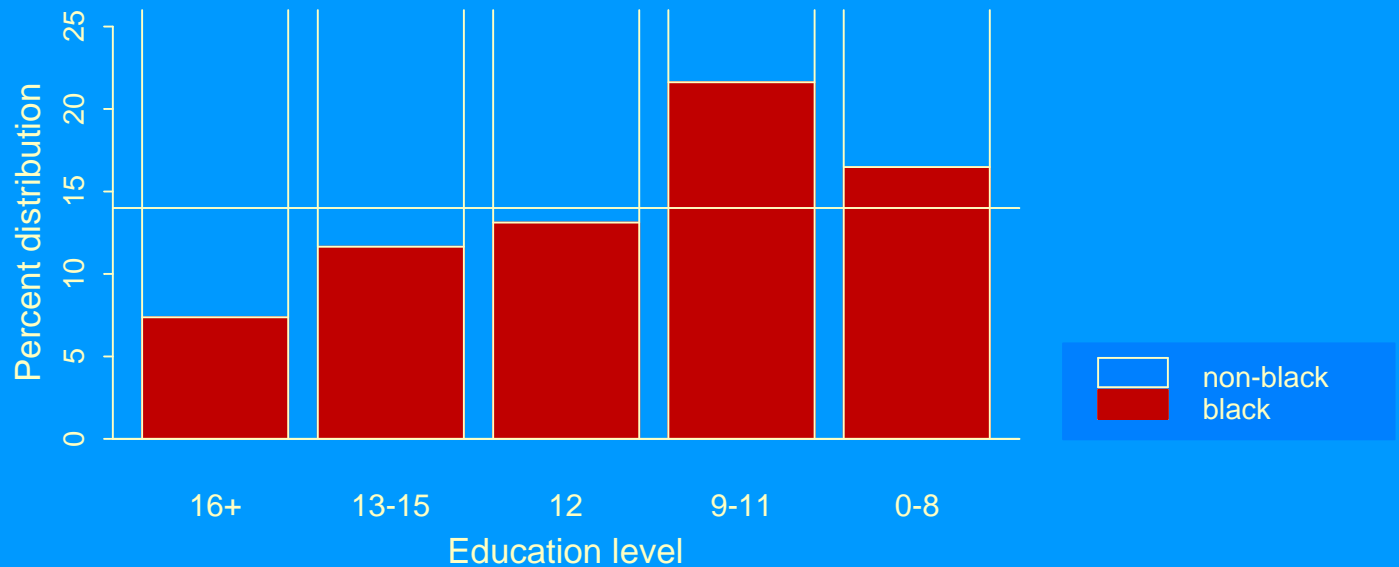
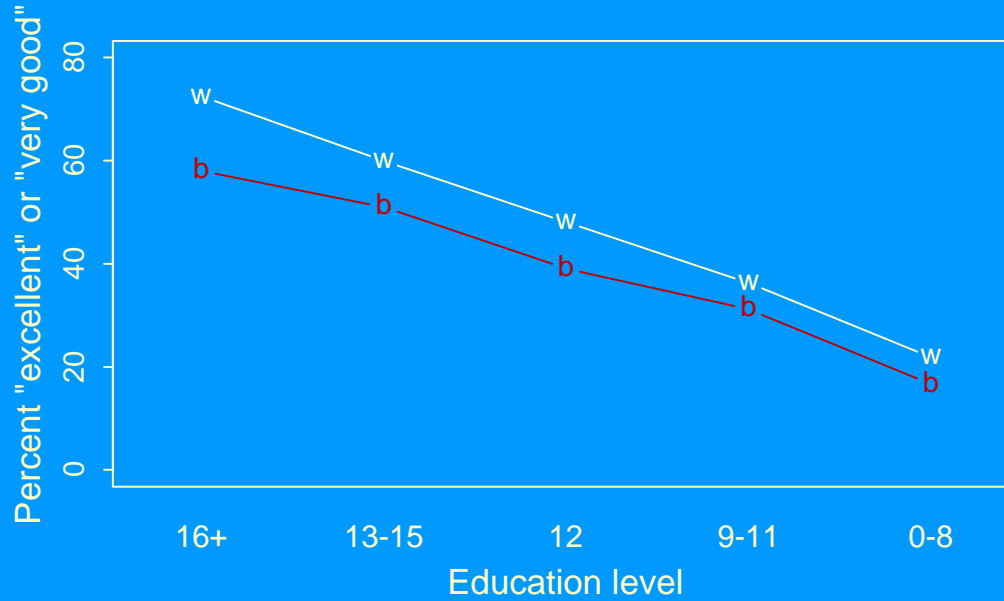
General health status by education and "race", 2004 BRFSS



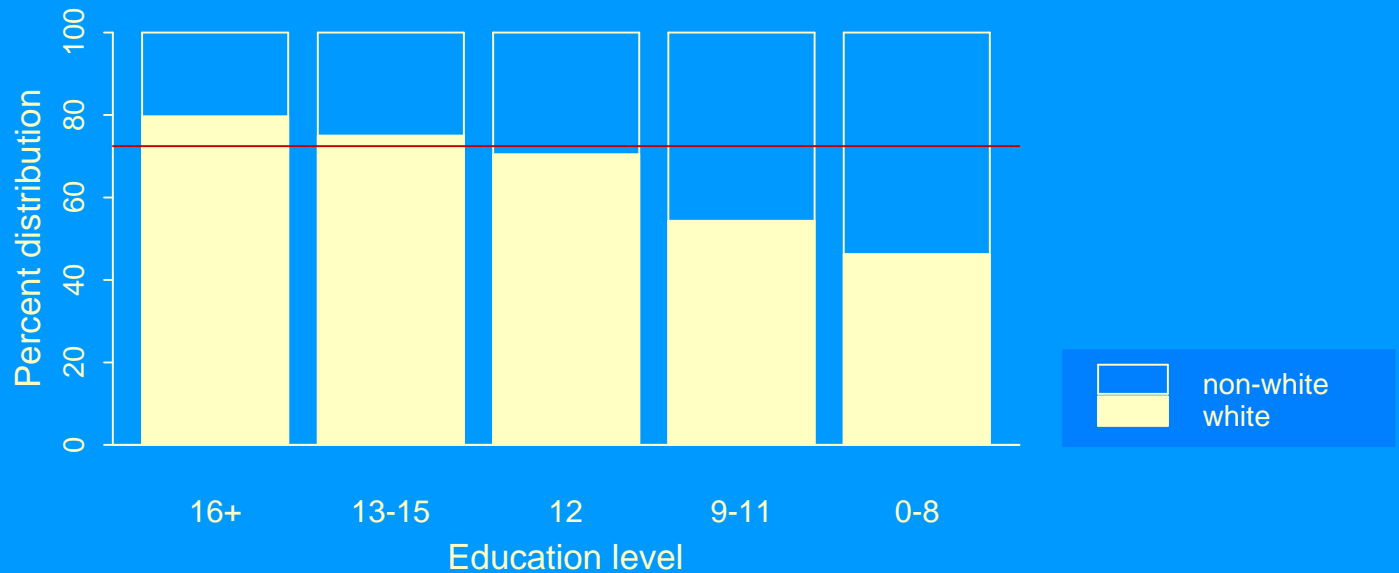
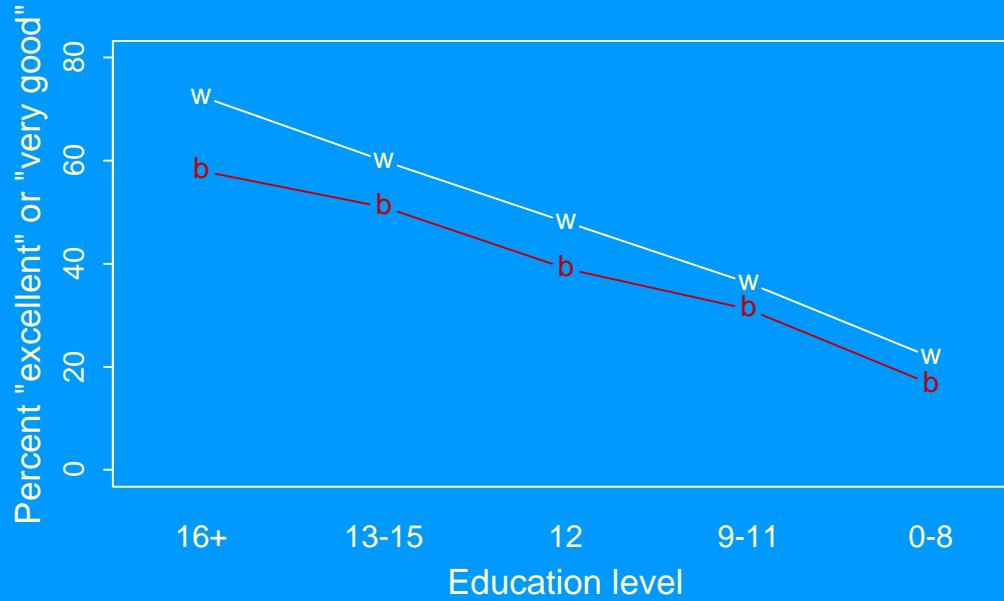
General health status and “race”

- Being perceived as *White* is associated with better health
 - ◆ Even within non-*White* self-identified “race”/ethnic groups
 - ◆ Even within the same educational level
- Being perceived as *White* is associated with higher education

General health status by education and "race", 2004 BRFSS



General health status by education and "race", 2004 BRFSS



Key questions

- WHY is socially-assigned “race” associated with self-reported general health status?
 - ◆ Even within non-*White* self-identified “race”/ethnic groups
 - ◆ Even within the same educational level
- WHY is socially-assigned “race” associated with educational level?

Racism

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (“race”)

- ◆ Unfairly disadvantages some individuals and communities
- ◆ Unfairly advantages other individuals and communities
- ◆ Saps the strength of the whole society through the waste of human resources

Levels of racism

- Institutionalized
- Personally-mediated
- Internalized

Institutionalized racism

- Differential access to the goods, services, and opportunities of society, by “race”
- Examples
 - Housing, education, employment, income
 - Medical facilities
 - Clean environment
 - Information, resources, voice
- Explains the association between SES and “race”

Personally-mediated racism

- Differential assumptions about the abilities, motives, and intents of others, by “race”
- Prejudice and discrimination
- Examples
 - Police brutality
 - Physician disrespect
 - Shopkeeper vigilance
 - Waiter indifference
 - Teacher devaluation

Internalized racism

- Acceptance by the stigmatized “races” of negative messages about our own abilities and intrinsic worth
- Examples
 - Self-devaluation
 - White man’s ice is colder
 - Resignation, helplessness, hopelessness
- Accepting limitations to our full humanity

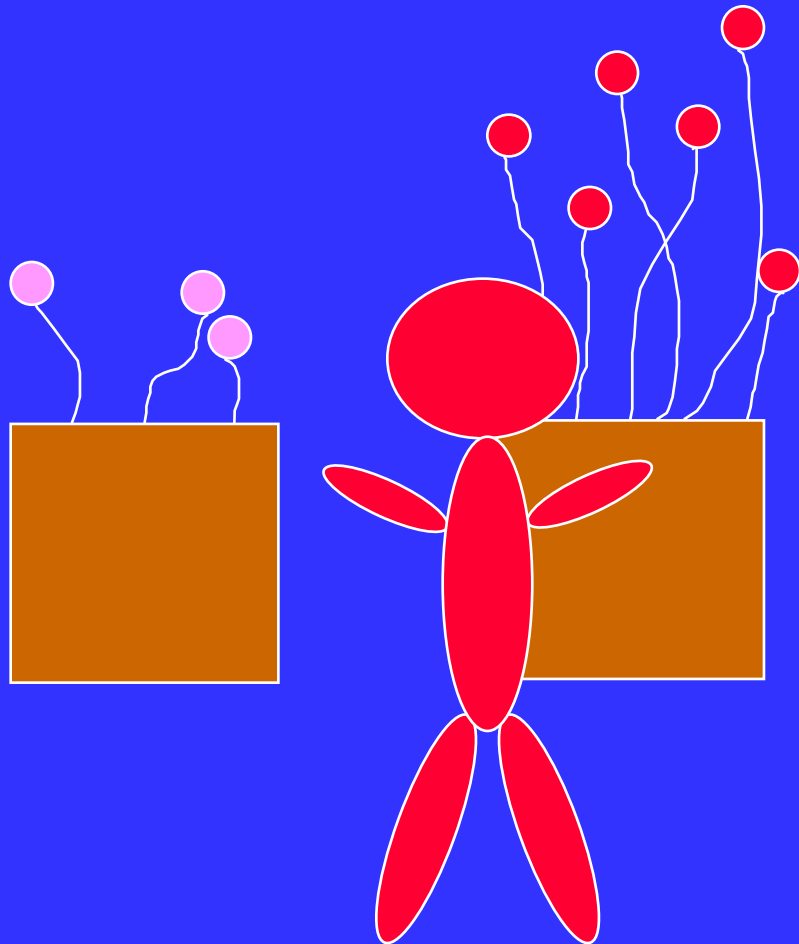


Levels of Racism:

A Gardener's Tale

Source: Jones CP, *Am J Public Health* 2000

Who is the gardener?



- Power to decide
- Power to act
- Control of resources

Dangerous when

- Allied with one group
- Not concerned with equity

Measuring institutionalized racism

- Scan for evidence of “racial” disparities
 - Routinely monitor outcomes by “race”
 - “Could racism be operating here?”
- Identify mechanisms
 - Examine structures and written policies
 - Query unwritten practices and norms
 - “How is racism operating here?”

Policies of interest

- Policies allowing segregation of resources and risks
- Policies creating inherited group-disadvantage
- Policies favoring the differential valuation of human life by “race”
- Policies limiting self-determination

Policies allowing segregation of resources and risks

Redlining, municipal zoning, toxic dump siting

Use of local property taxes to fund public education

Policies creating inherited group disadvantage

Lack of social security for children

Estate inheritance

Lack of reparations for historical
injustices

Policies favoring the differential valuation of human life by “race”

Curriculum

Media invisibility/hypervisibility

Myth of meritocracy and denial of racism

Policies limiting self-determination

De jure and *de facto* limitations to
voting rights

“Majority rules” when there is a fixed
minority

What is [*inequity*]?

A system of structuring opportunity and assigning value based on [*fill in the blank*], which

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

Many axes of inequity

- “Race”
- Social class
- Geography
- Nationality, language, and legal status
- Gender
- Sexual orientation
- These are risk markers, not risk factors

Health equity

Health equity is the realization
by ALL people
of the highest attainable
level of health.

Achieving health equity

- Requires valuing all individuals and populations equally

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- Entails focused and ongoing societal efforts

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- Entails focused and ongoing societal efforts
 - To address avoidable inequalities

Achieving health equity

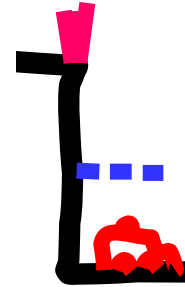
- Requires valuing all individuals and populations equally
- Entails focused and ongoing societal efforts
 - To address avoidable inequalities
 - By assuring the conditions for optimal health for all groups

Achieving health equity

- Requires valuing all individuals and populations equally
- Entails focused and ongoing societal efforts
 - To address avoidable inequalities
 - By assuring the conditions for optimal health for all groups
 - Particularly for those who have experienced historical or contemporary injustices or socioeconomic disadvantage.

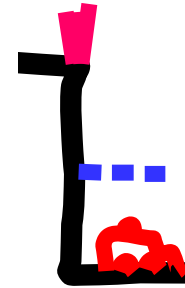
Our goal: To expand the conversation

Health services

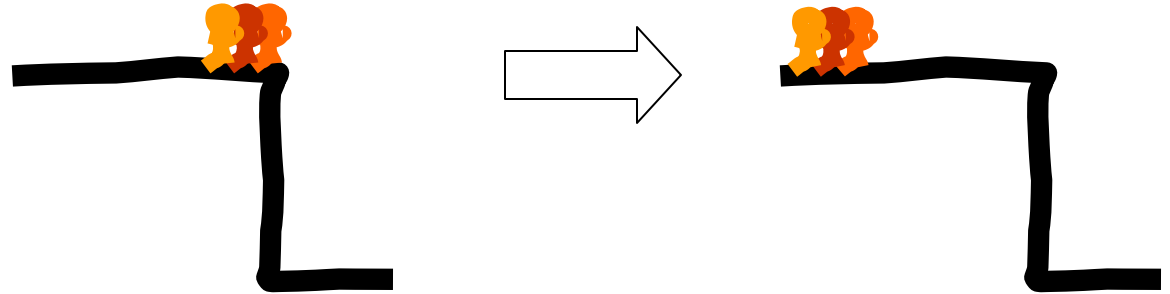


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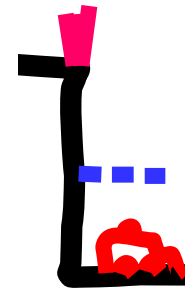


Social determinants
of health

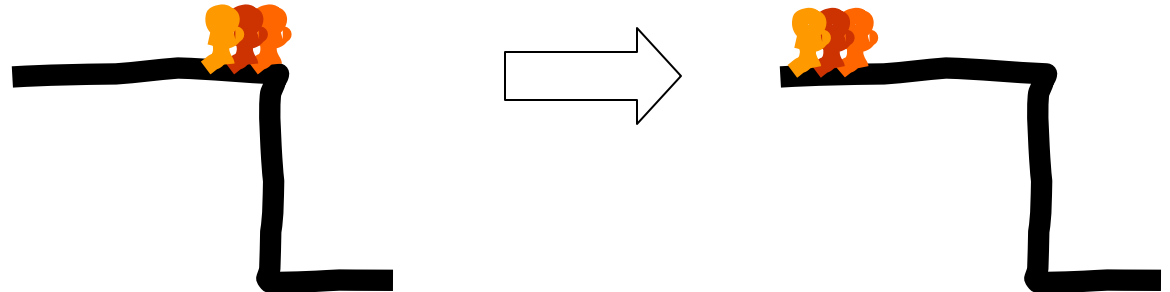


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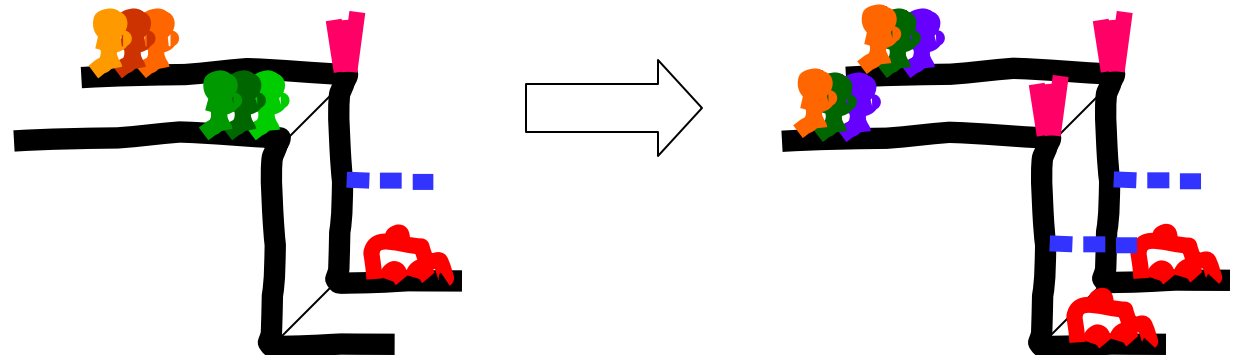
Health services



Social determinants of health



Social determinants of equity



Our tasks

- Put racism on the agenda
 - Name racism as a force determining the distribution of other social determinants of health
 - Routinely monitor for differential exposures, opportunities, and outcomes by “race”

Our tasks

- Ask, “How is racism operating here?”
 - Identify mechanisms in structures, policies, practices, norms, and values
 - Attend to both what exists and what is lacking

Our tasks

- Organize and strategize to act
 - Join in grassroots organizing around the conditions of people's lives
 - Identify the structural factors creating and perpetuating those conditions
 - Link with similar efforts across the country and around the world

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Resources

- California Newsreel: *Unnatural Causes: Is Inequality Making Us Sick?*

<http://www.unnaturalcauses.org/>

- World Health Organization:
Commission on Social Determinants of Health

http://www.who.int/social_determinants/en/

Resources

- CityMatCH: Undoing Racism Action Group

<http://www.citymatch.org/UR.php>

- National League of Cities: Reducing Racism and Achieving Racial Justice

http://www.nlc.org/resources_for_cities/programs___services/382.aspx

Resources

- UNESCO: International Coalition of Cities Against Racism
<http://www.unesco.org/shs/citiesagainstracism>
- United Nations: World Conference Against Racism, Racial Discrimination, Xenophobia, and Related Intolerance
<http://www.un.org/WCAR/>

Resources

- United Nations: Committee to Eliminate Racial Discrimination

<http://www2.ohchr.org/english/bodies/cerd/>

USA CERD report:

http://www2.ohchr.org/english/bodies/cerd/docs/AdvanceVersion/cerd_c_usa6.doc

NGO shadow reports:

<http://www2.ohchr.org/english/bodies/cerd/cerds72-ngos-usa.htm>

Resources

- National Partnership for Action to End Health Disparities

www.omhrc.gov/npa/

National Health Disparities Plan

- Provide input into draft plan
- Partner in implementation

Resources

- CDC Racism and Health Workgroup
rahw@cdc.gov

Communications and Dissemination

Education and Development

Global Matters

Liaison and Partnership

Organizational Excellence

Policy and Legislation

Science and Publications

Musings

- Necessary for those at the top to understand that they are adversely impacted by a lack of equity
 - Feeling interconnected with others; going from talking about “your” children and “my” children to talking about “our” children
 - Equally valuing all people; recognizing that everyone has important gifts to share

Musings

- Can address social determinants of health without acknowledging the three-dimensionality of the cliff
 - This can result in increasing the magnitude of inequities in exposures and disparities in outcomes
- Addressing social determinants of equity is ALL ABOUT the three-dimensionality of the cliff

Musings

- On measurement
 - Measuring equity in exposures, opportunities, resources, and risks involves comparing distributions rather than individuals
 - Confirming the elimination of health disparities involves observing random variations in the magnitude and direction of between-group differences around the value "0"

Musings

- Opportunity structures
 - Education, employment, justice, housing, immigration, transportation, environment, healthcare, social security for children
- Societal valuation
 - Investment
 - Communication: invite contributions, hold high expectations, celebrate accomplishments, cherish existence

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Dual Reality:

A Restaurant Saga



Our Challenge

Walking Against the Tide

Measuring differences

- Outcomes
- Health services
 - Quality
 - Access
- Social determinants of health (contexts)
 - Individual resources
 - Neighborhood resources
 - Hazards and toxic exposures
 - Opportunity structures

Measuring differences

- Social determinants of equity (systems of power)
 - Structures (*who, what, when, where*)
 - Policies (written *how*)
 - Practices and norms (unwritten *how*)
 - Values (*why*)

Specific ideas for action

- Name racism at the individual level
 - Speak out against racism when you see it
 - Talk about racism with your children
- Name racism at a collective level
 - Develop and use measures of racism
 - Put racism on agendas of all kinds of groups
 - Develop story ideas about racism for media

Specific ideas for action

- Ask “How is racism operating here?”
 - Ask the question at work, at children’s schools, in community, at state level, in faith groups
 - Who is at the table, and who is not?
Involve and fund affected individuals and communities
 - What is on the agenda, and what is not?
 - How are values communicated and perpetuated?

Specific ideas for action

- Organize and strategize to act
 - Forge partnerships across sectors
 - Provide opportunities for employees to get out of their bubbles
 - Establish Community Oriented Primary Care practices
 - Focus on education and on social security for children
 - Teach full histories